# FOR STATE HEALTH DEPT.

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MORYLAND 9

IEALTH DEPT.	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
\$ 8 8 5 Y	e. COUNTY  Prince George's MARYLAND Meryland Prince George's
% G = ₹ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write PURA) and give assert town
333	write RURAL and give neerest lown)
ard day	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress)  d. STREET ADDRESS  1. S. RESIDENCE
ela d fe d fe	ON A FARM?
funk funk sine state ath.	3. NAME OF First Middle Lad Co. Days
the the retaine See de	DECEASED
the the	(Type or print)  Leon (Unknown) Allen  DEATH February 27 19 62  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   19. AGE (In years   IF UNDER 24 HRS.
dea dea dea vij vij	last birinday) Months Days Hours Min
ther 5 nd 5 nd 4 2 d	Male White WIDOWED DIVORCED NOV. 18, 1875 86 yrs.
1,1 1,2 27	done during most of working life, even if retired)
Pages A3. Pages Ages ighin	Gardner (Ret.) Truck Gardner Prince Geo. Cty., Md. U.S.A.
Give Z	Samuel Isaiah Allen Laura Margaret Pyles
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgive were ordetes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT  Address RFD Box 4424,
uted with the with the permit.	No None None Mrs Zora M Corley linner Manlhoro Md
or the life of the	interval Between
long long and in the long and	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Acute congestive heart; failure
encence and a second	DUE TO
ova ova	Conditions, if ony, which (b) Cardiovascular renal disease
sho 's's (	Seat use to immediate conse
ndir iner iner iner	(a), stelling the underlying cause lest.
"pe " pe use use use use use use use use use us	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
and	PERFORMED?  YES NO [2]
die die	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port   or Port    or Piet   or Piet
P4 (7) h	
Chi	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, fectory, street, office bldg., atc.) (State)
ior P	y.m. 17 Li Li
fica of g	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
B C ded	death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner .
DIRI DIRI	CHIEF MEDICAL EXAMINER
forw forw ated	SIGNATURE COMOS DE SOURCE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
execute only be for NERAL designat	EXAMINER'S. 2/28/62
	NAME (Type) JAMES I. BOYD, M.D. Address (Street, city, town, or county)
she she its	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
J 4 5 2	Burial Mar. 3-62 Bello Methodist Clm, Camp Springs my
VS. AISME	23. FUNERAL DIRECTOR 1661- Stool Hope Be St 248. REC'D BY REGISTRAR 7246. REGISTRAR'S SIGNATURE
SM 9/60 0	Demones Bros WASh 20 De DATOMAR 2'62 Orthur & Promo
To.	

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# MARYLAND STATE DEPARTMENT OF HEALTH

the funeral ours after

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may a retained by the hospital or attending physician.

Ye are a completely filled in the state of the s

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02180 OF STATISTICAL RESEARCH 02197 CERTIFICATE OF DEATH

1. PLACE OF DEAT	'H			2. USUAL F	RESIDENC	E (Where dace	esed lived, If i	institution: Reside	nce before edmis
Prince G	eorge's		MARYLAND	Mary	land		Prince	George's	8
	(if outside corporate limited give neerest town)	15,	c. LENGTH OF STAY IN 16				ta limits, writa	RURAL and give	neerest town)
Cheverly			3 days	63 Hyat	tsvil	16			
d. NAME OF HOSE	TTAL OR INSTITUTION (	f not in hosp	pital, give street eddress)	d. STREET	ADDRESS				e. IS RESIDE
Prince G	eorge's Gene	eral E	[ospital	4618	Burl:	ington 1	Road		YES NO
3. NAME OF DECEASED	First		Middle	Lest	-	4. DATE OF	Month	Day	Year
(Typa or print)	Mary	y 1	Richardson	Ashbroo	k	DEATH		uary 20	19 62
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DATE OF BIRT	Н	9. /	GE (In years est birthdey)	IF UNDER 1 YEAR	
Female	White	WIDOWE	DIVORCED	6-30-84			77 yrs.	Months Deys	Hours M
	TION (Give kind of work		ND OF BUSINESS OR INDUST	RY 11. BIRTHPL	ACE (Count	y & Stete, or for	eign country)	12. CITIZEN	OF WHAT COUN
Housewi	rorking life, even if retired <b>f.e</b>	O T	wn Home	Illin	nois			Ú.S.	΄Δ
13. FATHER'S NAME				14. MOTHER'S		NAME		0.5.	2.8.
Edward	Richardso	n		Mars	Scha	ckmanı	1		
	VER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.		DCIIa	CKIII	Address		
(Yes, no, or unkown)	(If yes give wer or detes of se	ervice)			TT A .	.111			/TT= h
no				Grover	H. As	snbrook	Sam		
	DEATH [Entar only one	cause per li	ne for (e), (b), end (c).]	1 1			-		NTERVAL BETWEE
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	M	a mardeil	maken	Missi	an	demini		3 dans
1410			The state of the s	-	-	1	- In the Springer		7
	DUE TO	13		1-17	1	-			70
Conditions, if an	1-/-	Co	my my	any con	Arrest	YVU			2 any
(a), steting tha	DITE TO		U	-++	1			ASTINI	
cause lest.	) (c)_		11	inh	workl	Loreni			
PART II. OTH	ER SIGNIFICANT CONDIT	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE CO	NDITION GIV	EN IN PART 1(e)	19. WAS AUTO PERFORME
Ě									YES NO
20a. ACCIDENT	WAS UNDERLYING []	20b. DES	CRIBE HOW INJURY OCCURE	D. (Enter nature o	f injury in P	ert I or Pert II of	item 1B.)	,	
OR CONTRIBUTION	G CAUSE OF DEATH								
	IURY Month, Dey, Yee	er   20d. I	NJURY OCCURRED   200. PL	ACE OF INJURY	Home, farm,	2Df. (City o	r town)	(County)	(Stete
20c. TIME OF IN		While	Not While fa	ctory, street, office					
		et worl		9%		1	- 3	5 2 / -	
21. I certify			ded the deceased from						
saw the dece	ased alive on	6- 20	19. 6. 2, and the	t death occur	ed at 81	40, from t	he causes	and on the c	date stated ab
22e. SIGNATURE	0 10	1	1			A.M.			22b. DA
1	Honell (0	2	12 moins	M.D. PHYS.		RECTOR	STAFF PHYS.		2-20
22c. PHYSICIÁN' NAME (Typ		C. E.	POREN	22d. ADE	PRESS H	VATTS	VILL	E, M.D.	
23e. BURIAL, CREMA	TION, 23b. DATE THER	REOF	23c. NAME OF CEMETERY	OR CREMATOR	Υ	23d. LOCAT	ION (City, to	wn or county)	(State)
REMOVAL (Specific Entombre	v)		Cedar Hill			Suitla	nd.		Md.
		4	ADDRESS		25. 050		1	GISTRAR'S SIGNA	
24 FUNERAL DIRECTO	C SIGNATURE			1 1	238. KEC	TR 2 3 '62	ZJB. KE	Wilms 2. Th	Lalla
Francis	Gasch's Son	ns H	yattsville, Ma	aryland	DATE FE	EB 2 3 '62		when A. Th	

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.A.E.D.

577-44-1539B GroverH. Amberdin Same in 13 (Automat)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02181

1. PLACE OF DEATH 0. COUNTY		MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If ins b. COU		efare admission)
Prince George			D.C.			
b. CITY OR TOWN (If outside RURAL and give nearest to		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, wr	ite RURAL and give	nearest town)
Suitland 23		500-70ays	1609- 30%	34. S.E	WASH	INSTAN
d. NAME OF HOSPITAL (If no OR INSTITUTION	t in haspital, give street	address)	d. STREET ADDRESS	1 0-	- nav.	e. IS RESIDENCE ON A FARM?
Suitland hurs	ina Home.	Inc.	- Washing	ton Do	- 41X	YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day Yeor
(Type or print)	MALVINA		BACHE		Pebruary	6 1962
5. SEX 6. COL	OR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In your lost birthd	1	AR IF UNDER 24 HRS.
Female W	hite WIDOW	VED DIVORCED	5/17/77	84	yrs. Manths Day	Hours Min.
10a. USUAL OCCUPATION (Give during most of warking life,	kind of work done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
0 0 1 3	. 0	lashital.	Vira	inia	u.	5.4 merica
13. FATHER'S NAME	-01000	100/1000	14. MOTHER'S MAIDEN N	AME	-	
Willian	N Russ	GLL	Mor	garet V	Vatte 6	oun tom
15. WAS DECEASED EVER IN U.		SOCIAL SECURITY NO. 17.1	NFORMANT	7	Address	www.
\ \mathbb{\gamma}	wor or dates of service)	5150 6660 A	1rs Nore So	Alerldought	er) as	abous
18. CAUSE OF DEATH [En	er only one cause per l	ine far (o), (b), and (c), 1			11	NTERVAL BETWEEN
PART I, DEATH WAS	CAUSED BY:		Conse tu	2 2 l	001	NSET AND DEATH
II II IMMED	DUE TO		1	- yarc		1
TTTT			Home true	w. Qu. =	den	week.
Conditions, if any whi	te (		y Alle Court	- Car	, wille	1
lying couse lost.			(2) leve	Bileron		Cempara
	) (c)	CONTRIBUTING TO DEATH BU	T NOT PELATED TO THE TERMI	VAL DISEASE CONDITION	J GIVEN IN PART 1/a	1 19 WAS AUTOPSY
PART II. OTHER SIGN	mean conomons	CONTRIBUTION TO DEATH BO	THO REDUIED TO THE TERMIN	ARE DISEASE CONDITION	TOTAL TAKE TO	PERFORMED?
TO ACCIDENT MAC UNDE	PLYING TO 20h DE	SCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in P	ort Lor Port II of item 18	1	I IES [] NO [A]
OR CONTRIBUTING CAU	SE OF DEATH	JERISE HOW HOOK! OCCORN	ED. (Ellier lidiore of injury in )		,	
20c. TIME OF INJURY Mont			LACE OF INJURY (Home, form,	20f. (City or town)	(Coun	ty) (Stote)
Hour o.m.	19 While		octory, street, office bldg., etc.			
Li restrato de la compansión de la compa	nic hospital) attan	ded the deceased from	Jan 1 1de	1 10 Fel 1	4 1065	that (I) (we) last
saw the deceased ali	0.00		death occurred at	M from the source		
22a. SIGNATURE	1	A Crana mar	dedin occurred daa:	MA, ITOM THE COUSES	s and on the ac	22b. DATE
0.7	grand	les	M.D. PHYS.	D. STAFF PHYS.	I	Teb. 6 1982
22c. PHYSICIAN'S	11-0	<b>(</b> /	22d. ADDRESS	CCIOR CO TIMOS		
NAME (Type) He	nry G. Had	ley	4601Ni	chols Ave S.	W. Wash.	DC
	DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, to	wn, ar county)	(Stote)
Berrial F	ch. 7-62	Inglewoo	& Cometery	Inglew	00d - (	alif 1
24. FUNERAL DIRECTOR'S SIGNA	TURE	ADDRESS O HO	he PA CE 250. REC'I	BY REGISTRAR 25b.	REGISTRAR'S SIGNA	TURE
Simmons &	Bro.	WBSh 30	DATEFE	8 '62	Classing S. th	alle

	Ses i local L	oli privarus IVIII	Maria Malaneda k
	363, Jool L	eli iprivariii: Pitti Pitti Pitti	brokleri skare molorodo i
	Set A local L	records t	Maria Malaneda k
**************************************	Sea A local L	cannon t	rojareća i
	Sask look L	reducil t	rojareća i
	Sask look L	reducil t	rojareća i
		p. J. Wileli	
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# HEALTH DEPT. TO DEPUTY MINICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay inchessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral dire, for, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yook files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and In any eyert within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02183 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decaesad lived, If institution, Residence before edmission)
	o. STATE b. COUNTY
b, CITY OR TOWN (il outside corporele limits.	Maryland Prince George's
write RURAL and give nearest town)	c. Citt on town (in outside corporate milits, write none give measure town)
Cheverly D.O.A.	A Bowie
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
D 1 0 1 0 3 77 14 3	Fletchenetown Pond YES NOW
Prince George's General Hospital	Tre deliers down hoad
DECEASED FIRST MIDDLE	Last 4. DATE Month Day Yeer OF
(Type or print) Ernest Martin	Barrios February 9th. 1962
	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	last birthday) Months Days Hours Min.
Male   Colored   WIDOWED   DIVORCED	November 12/85 76 yrs.
10a. USUAL OCCUPATION (Give kind of work done during mest of working life, evan il retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer Retired	Florida U.S.a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
E A P	CO 1 21 (1 to -
comanuel larrior	Chyahet Carter
	NFORMANT Address
(Yes, no or unkown) (Ifyesgivewarordatesofservica) 263-22-84871	a Corre flatcher so to
The state of the s	I INTERVAL BETWEEN
18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	
PART I. DEATH WAS CAUSED BY:	ngestive heart failure ONSEI AND DEATH
7-1-1-1	
	0 0 0 0
Conditions, if any, which (b) Carcho	sculor penol desease
gave risa to immadiata cause DUE TO	
(e), stating the undarlying causa last.	
10	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PAKI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATTH SET AC	PERFORMED?
	YES NO
208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (	inter nature of injury in Part I or Pert II of itam 18.)
PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	
	OF OF HILLIAM OF A COLUMN ASSESSMENT ASSESSM
	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) ory, street, office bldg., etc.)
Hour e.m.    Whila   Not Whila   feet	
21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection X. Inquiry X, and in my opinion
panag panag	
death resulted from: Natural causes . Accident ., Suic	ide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL ( )	A ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE JUNE	M.D.
EXAMINER'S	DEPUTY MEDICAL EXAMINER 2/9/62
NAME (Type) JAMES I. BOYD, M.D.	Address (Straat, city, town, or county)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or country) (Stete)
BURIAL 2.13.62 ARLINGTON N	ATIL COM ADLINOTON VIDOLINA
DURIAL   2.13.62   ARLINGTON N  28 FUNERAL DIRECTOR  ADDRESS	AT'L. CEM ARLINGTON VIRGINIA  240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
Told told a	
THE THERENE 1829 9TH	ST., NATH FEB 13 '62 Colling S. Kings
WASHINGT	ON, D.C.

VS. AISME SM 9/60

CELSO COLORED DE COLORED NEW TOWNS AND A STATE OF THE PARTY. ALLIERLY . MOTORILA ATTICA CATTLE ALLINGTON, VIRELLIA THE WAY . TO THE USE WASHINGTON, II, 12.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HEATE OF DEATH		
Towns Martin		
		unit market

FOR STATE HEALTH DEPT. TO DEPUTY ME VAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is the assary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. ATSME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02185

02202MEDICAL EXAMINER'S CERTIFICATE OF DEATH

. 1	PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Resident	ce before edmission)					
	Prince Georges County MARYLAND	a. STATE b. COUNTY  Menuland Prince Ge	00000					
N	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest lown)	c. CITY OR TOWN It outside corporate limits, write RUKAL and give	neerest (Avn)					
	Cheverly D.O.A.	74 Beltsville						
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE					
7	Prince Georges General Hospita	1 4615 Powder Mill Road	YES NO					
3	. NAME OF First Middle	Last 4. DATE Month Day	Yeer					
	(Type or print) LOUIS HENRY BT	OF						
5		DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR)	1962.					
	M = 7 - 0.01 a 4	last birthday) Months   Days	Hours   Min.					
1/	The state of the s	arch 31,1902   59 yrs.						
0	done during most of working life, even if retired)		F WHAT COUNTRY?					
-	Printer   Retired	District of Columbia U.S.	A.					
-	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
1	John Henry Bieligk	Unknown						
	Vac ar unkawa) (Musesianusan datas familia)	NFORMANT Address						
1,	579-28-7509 G1	rlie Sammie Bieligk, Same as	# 2					
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INT	ERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:		ISET AND DEATH					
	IMMEDIATE CAUSE (6) Coronary occlussion							
	DUE TO							
	Conditions, if any, which governing to the coronary art	ery disease						
	(a), steting the underlying DUE TO							
	cause last. (c)							
é	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?					
3		The state of the s	TES NO					
CERTIFICATION	20%. EXTERNAL CAUSE WAS 20%. DESCRIBE HOW INJURY OCCURED. (En	nter nature of Injury In Part I or Pert II of item 18.)						
Ü	CAUSE OF DEATH.							
WEDICAL	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20a. PLAC	CE OF INJURY (Homa, farm,   20f. (City or town) (County)	(Stete)					
AED	Hour e.m. While Not While tector	ry, street, office bldg., etc.)						
1	21. I certify that I took charge of the remains described above, held	d an Autopsy . Inspection X Inquiry X. and	in my opinion					
	death resulted from: Natural causes A Accident . Suicic		in my opinion					
	deall resulted from: Matural causes Accident							
	ACTUAL O	CHIEF MEDICAL EXAMINER						
	SIGNATURE SIGNATURE	M.D.	ATE SIGNED					
	EXAMINER'S TARRES T POUR NO	DEPUTY MEDICAL EXAMINER	E 1060					
-	NAME (Typs) / JAMES I. BOYD, M.D.	Address (Streat, city, town, or county)	2, TA05					
22	REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, lown, or country)	(State)					
	Burial   Feb. 8/62   Fort Lincol	In Cemetery Bladensburg Ma	ryland					
2	3. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATU	IRE					
0	W. W. Chambers Co., Riverdale, Md	DATE B 8 '62 Chilling S. Kraus						

February 5, 1960

Trince Georges County Maryland Prince Georges

D.O.A. Helteville

Prince Decrees General Horoitel 4616 Powder Mill Ford Limit- I

LOUIS PINEY BIBLIOK - February E, 962

Laie Marca Source Marca 31,1902 59.

A.E.W. spinment to colore the b.A.

TO DEPUTY ME ASAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death. TO DEPUTY ME

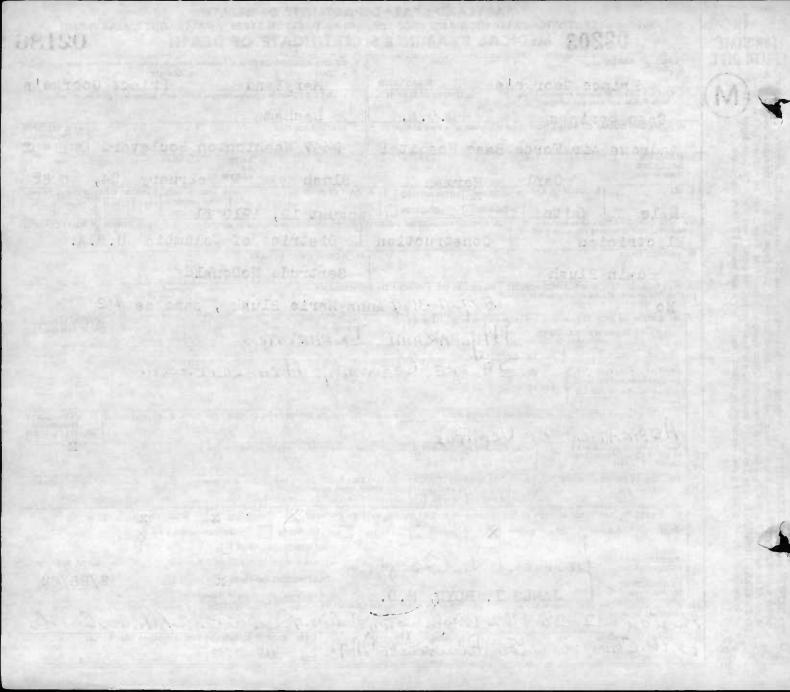
5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

112203	MEDICAL	EYAMINED'S	CERTIFICATE	OF	DEATH	
UAAUA	MEDICAL	EXAMINER 3	CERTIFICATE	VI	DEAIR	

02186

ī	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased fived, If institution: Re	sidence bafora admission)
		a. STATE b. COUNTY	
1	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	Maryland Prince c. CITY OR TOWN (If oulside corporate limits, write RURAL and	George's
/	write RURAL and give nearest town)	21 -	give nation lown;
-	d. NAME OPHOSPITAL OR INSTITUTION (If not in hospital, give street address)	36 Lanham	
9		d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
	Andrews Air Force Base Hospital	9447 Washington Boulevan	
3	NAME OF First Middle	Last 4. DATE Month	Day Year
1	(Type or print)	Blush DEATH February 2	24. 19 62
5		DATE OF BIRTH 9. AGE (In years   IF UNDER 1)	
	William I among I	last birthday) Months D	ays Hours Min.
1	Mole   White   WIDOWED   DIVORCED     Da. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUSTR	August 19, 1910 51 yrs.   12. CITIZ	
1	ione during most of working life, even if ratired)		EN OF WHAT COUNTRY
	Electrician   Construction	District of Columbia U	.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Edwin Blush	Gertrude McDonakd	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NFORMANT Address	
10	(as, no, or unkown) (Ifyasgivawarordatesofservice) 579-01-3164 Am	na Marie Blush , same as #	2
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ma maile blush , same as m	I INTERVAL BETWEEN
	1/1/1	T	ONSET AND DEATH
	IMMEDIATE CAUSE (a) VILOCARDIAL	INFARCTION	
	DUE TO CO	Λ	
	Conditions, if any, which ) (b) DEUERE CORO.	NARY HTHERESCLEROSIN	
	gave rise to immediate cause		
	(a), stating the underlying cause last.		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19 WAS ALITOPSY
CERTIFICATION	Den 1 11.		PERFORMED?
1 일	MSPIRATION OF UCMITUS		YES NO
FRT	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	nter nature of injury In Part I or Part II of Itam 18.)	Α.
-			
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAI	CE OF INJURY (Homa, farm, 20f. (City or town) (Count ory, street, office bldg., etc.)	y) (Stata)
NED X	Hour a.m. While Not While factors at work at work	ory, sites, office bidg., etc.)	
1	21. I certify that I took charge of the remains described above, hel	Id an Autopsy N. Inspection X. Inquiry X.	and in my opinion
			and in my opinion
	death resulted from: Natural causes X, Accident . Suici		
		CHIEF MEDICAL EXAMINER	
	SIGNATURE (ames) I Dom	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER	2/25/62
-	NAME (Type) - TAMES T BOVD M D	Addrass (Streat, city, town, or county)	
22	a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	110 7 20	(State)
17	Surial 2-28-1962 Washington	Galional Suitland, Ma	yland.
2	3. FUNERAL DIRECTOR	248. REC'D BY REGISTRAR   246. REGISTRAR'S SIG	NATURE
10	N.W. Chambers 600 Riverdalo	mg. MAR 1'62 College	4
-		DATE MAN 1 '02 Cirling S.	Though



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 02204 CERTIFICATE OF DEATH 02187 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY e. STATE Prince Georges Prince Georges MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Cheverly Flintwood Drive 5 days d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Prince Georges General Hospital Hvattsville . xxxx Md. YES NO 3. NAME OF 4. DATE Year DECEASED OF Boy #A" Bosher Feb 62 Baby DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthdey) and Months Hours 2 Feb 1962 Male White WIDOWED DIVORCED please remain IDe. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Mary land U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending .= Frank lyn Oscar Booher Mary Wayne Broucher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service Mother Same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH metine Birth (2#3 B PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUF TO Conditions, if any, which gave rise to immediate cause DUF TO (a), steting the underlying hospital or as certificate har PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? as of YES NO . 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH this (IF EITHER, NOTIFY MEDICAL EXAMINER) ned by After 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., etc.) Not While While Hour e.m et work at work CTOR: 19 62 to 2-7 19 62, that (I) (we) last 2-2 21. I certify that (I) (this hospital) attended the deceased from...... 19.62, and that death occured at 4.35, Am the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22e. SIGNATUR ATTENDING SIGNED PHYS. DIRECTOR PHYS. O HOSPITAL death. Page 4 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) J. Modlin 388 Montrose Avenue, Laurel, Maryland Albert director, p 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY\_OR CREMATORY (Stete) REMOVAL (Specify OL Cheverly, Md. nce Cremati Geo.Gen.Hospital ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 FEB 2 0 '62 Contino & Times

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MARYLAND STATE DEPARTMENT OF HEALTH

 IS RESIDENCE ON A FARM?

YES NO

19 62

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO T

(State)

22b. DATE SIGNED

(Stata)

U.S.A.

(County)

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4 05		L	02206	CERTIFICA	ATE OF DEATH	Reg	. Dist. No. U2189
Poge director		1.	PLACE OF DEATH COUNTY Prince Leorals	MARYLAND	o. STATE M	leceosed lived. If institution: Res	· Hara
di di	M)		CLITY OR TOWN (If outside corporate limits, write ( c. LEN RARA and give nearest town)	IGTH OF STAY IN 16	LES CITY OR TOWN (It outside	e corporate limits, write RURAL	000
s ofter yy the fundamental	X		A. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	1 signer	d. STREET ADDRESS	5th. ave	e. IS RESIDENCE ON A FARM? YES NO
24 hour led in b	وينعو		NAME OF PECELASED Type or print)	Middle		DATE Month DEATH  TO L	Day Year
within etely fill		5.	11,000,000,000	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UN Mont	IDER 1 YEAR IF UNDER 24 HRS. ths Days Hours Min.
executed and complements of the		100	USUAL OCCUPATION (Give kind of wark done 10b. KIND oduring most of working life, even if retired)		STRY 11. BIRTHPLACE (Stote or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY?
ion ond corbon offer d		13.	FATHER'S NAME	- O. u	14. MOTHER'S MAIDEN NAME	ore my	Tant.
certifico g physic remove 2 hours	(I)			SECURITY NO.	NFORMANT (	Ray C. Address	above
ottending n pleose			18. CAUSE OF DEATH [Enter only one couse per line for (a PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)		list Fair	und fil	INTERVAL BETWEEN ONSET AND DEATH
that the by the sit. The			Conditions, if any, which	Non >	In suffer	were,	54rs
on. signed		1	gove rise to immediate couse (o), stating the under-lying couse lost.	tio Vo	rcula a	Pendellen	ay /8 420
physicianos beer iol-tron	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL I	disease condition given in	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: T tending ficote t the bur		L CERTIFI	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOOR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED	D. (Enter noture af injury in Part I	or Port II of item 1B.)	
PHYSIC ol or oth his certi		MEDICAL		ot while work	ACE OF INJURY (Home, form, 20 ctory, street, office bldg., etc.)	f. (City or town)	(County) (Stote)
Abing After t ched for uriol, cr			21. I certify that I attended the deceased fra alive on 19 62		accurred at 5 9M.	ch 10, 19 6 that fram the causes and an	I last saw the deceased
R ATTE			ACTUAL Calent Color SIGNATURE	ether		LESS (Street, city or town, state)	DATE SIGNED
retoine RAL DIS should			PHYSICIAN'S RObert R	Hatte	el w	only a c	
moy be D FUNE		220		NAME OF CEMETERY OF	R CREMATORY 22d.	LOCATION (City, town, or cour	(State)
VS A15 (4) 15M 9/58	Mr.	33	FUNERAL DIRECTOR'S SIGNATURE ALL HOME	DDRESOM R.	d. DATEFER 1		S. Kraus
	6.						

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

THE RESERVE AND THE PROPERTY OF THE PROPERTY O

With the Address of t

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the funeral d 2 should hours after TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 may be seen by the hospital or attending physician.

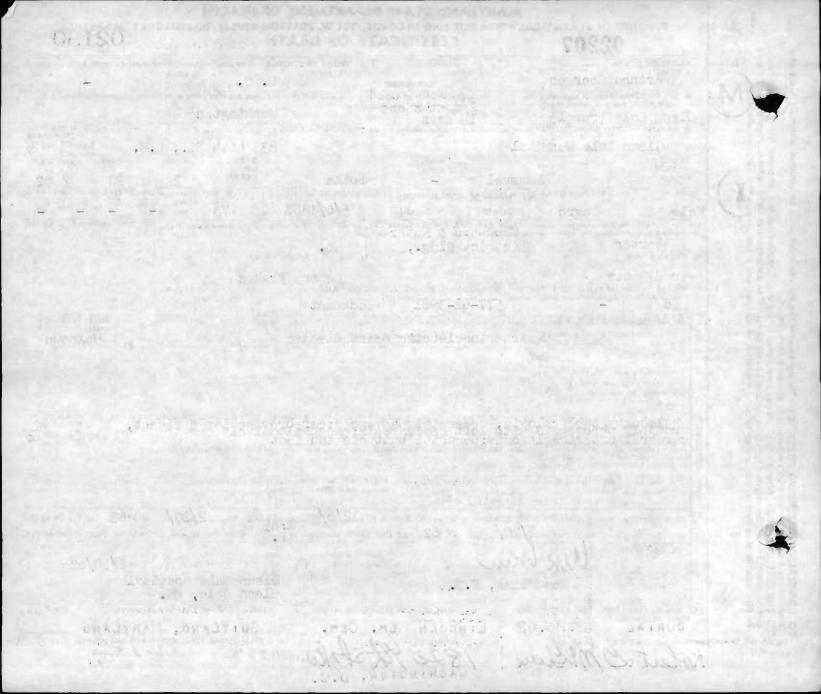
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages it be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected.

VR A15 (4) 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02190

1. PLACE OF DEATH			institution: Residence before edmission)						
• county rince Georges MARYLAND	e. STATE	D. C. b. coul	~ ·						
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporeta limits, writ	e RURAL end giva nearest town)						
Glenn Dale (rural)  2 months and		Washington	47 X - 3						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address)	d. STREET ADDRESS		. IS RESIDENCE						
Glenn Dale Hospital		835 46th St.,	N.E. YES NO X						
B. NAME OF First Middla Middla	Last	4. DATE Mont							
(Type or print) Emanuel -	Botts	DEATH 2	20 19 62						
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.						
lale Negro widowed Divorced	5/6/1888	73 last birthday)	Months Days Hours Min.						
Oa. USUAL OCCUPATION (Give kind of work JOB, KIND OF BUSINESS OR INDUST dona during most of working lifa, even if retirad) WOOdWARD & LOTINO	RY 11. BIRTHPLACE (Cou	nty & Stata, or foraign country	12. CITIZEN OF WHAT COUNTRY						
Porter District Bldg.	Mo.		USA						
3. FATHER'S NAME	14. MOTHER'S MAIDEN	INAME							
Fred Botts	Lenora F	anoleo e							
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.		Addras	\$						
(Yes, No or unkown) (Ifyasgivewarordatesofservica) 577-01-3961	Decedent								
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Dooddan		I INTERVAL BETWEEN						
	and diamen		ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease  Unknown									
DUE TO									
Conditions, il eny, which (b)	Conditions, il eny, which (b)								
gava rise to immadiata causa									
(a), stating the underlying cause last.									
BART II OTHER EIGHEIGANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GI	YEN IN PART 1(0) 19. WAS AUTOPSY						
p tit bouter significant comprious contributing to be all but a probably thrombosis with left hem bares cerebral arteriosclerosis; decubiti but	sis, encephalo	malacia due to	YES NO THE						
O CEPEDRAL ARTERIOSCIEROSIS: CECUDILI DUTT = 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURE	OCKS and Ice	Part I or Part II of itam 18.)	1.0						
PUTHO MARK IN THE COLOR STATE AND COLOR STATE									
	ACE OF INTERVENIES	- 1 204 (City or town)	(County) (Stata)						
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PL. While Not While fac	ACE OF INJURY (Homa, far ctory, straat, offica bldg., et	c.)	(County) (State)						
21. I certify that (I) (this hospital) attended the deceased from	12/6/	112.61 102/20/	, 1962, that (I) (we) las						
saw the deceased alive on 2/20/ 19.62, and that	t death occured at.	M, from the causes	and on the date stated above						
22e. SIGNATURE			22b. DATE						
We Wen	M.D. PHYS.	DIRECTOR THYS.	2/20/62 SIGNED						
22c. PHYSICIAN'S NAME (Typa) Moe Weiss, M.D.	22d. ADDRESS	Glenn Dale Hos	spital						
NAME (Typa) MOE WELSS, M.D.		Glenn Dale, Mc	<b>.</b>						
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to							
BURIAL 2.23.62 LINCOLN MEM	C=10	SUITLAND.	MARYLAND						
DURIAL COC. JOBS I INLIDENTIFM	a LEMA								
		C'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE						
	1 1 25a. RE	C'D BY REGISTRAR 25b. RE							

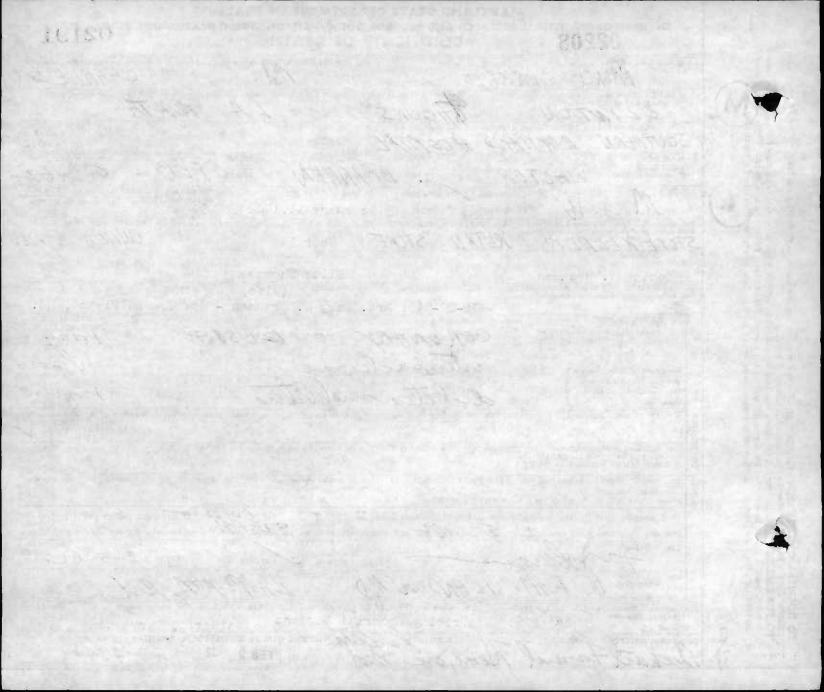


# the funeral TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may 18 stained by the hospital or attending physician. 24 hours after the same of the hospital or attending physician and completely filled in the funeral or funeral and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1. 12 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12208 CERTIFICATE OF DEATH

1.	PLACE OF DEATH  a. COUNTY PRINCE GETONGES MARYLAND	e. STATE b. COUNTY C	dence before edmission)
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)  Thouse	c. CITY OR TOWN (If outside corporata limits, write RURAL and g	ive neerast town)  OPX-2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  SOUTHERN MARYLAND HOSPITAL	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) WALTER C. BM	SANNEN OF DEATH FEB	9 19 6Z
	WIDOWED DIVORCED F	ebruary 11, 1902  9. AGE (In years   IF UNDER 1 YE last birthdey) 59 yrs.	ys Hours Min.
5	INDUSTRICT OCCUPATION (Give kind of work needuring most of working life, even if retired)  TOKE KERPER RETIRED  FATHER'S NAME	11. BIRTHPLACE (County & State, or foreign country)  12. CITIZE  CHOPEIA  14. MOTHER'S MAIDEN NAME	N OF WHAT COUNTRY?
	Denton W. Brænnen	Eliza Thomas	
	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT (Wife) Address  . Mary M. Brannen - Box 252 La P	lata . Md.
-	18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  COR ONARY	occhoson	a ay
	2 6 0 X DUE TO 4		1000
	Containous, if any, which	erost	10 years
	(a), steting the underlying DUE TO diabetes (c)	mellitus	15 yars
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(	19. WAS AUTOPSY PERFORMED? YES NO
CERT	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Part II of item 18.)	
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County ory, street, office bldg., etc.)	(Stete)
	21. I certify that (I) (this hospital) attended the deceased fromsaw the deceased alive on2	death occured a M, from the causes and on the	that (I) (we) last date stated above.
	220. SIGNATURE MURAO M	D. ATTENDING MED. STAFF Z-	5-62 SIGNED
	22c. PHYSICIAN'S FMI JOHNSON M	D 22d. ADDRESS LAPLATA PLA	
23	a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2/8/1962   23c. NAME OF CEMETERY of Prinity Memory		(Stefe)
24	EUNERAL DIRECTOR'S SIGNATURE Jone, and Miles	DATE FEB 9 '62 Cithur L.	10



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY a. STATE Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Cheverly Riverdale Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO George's General Hospita Prince Powhatan NAME OF DATE DECEASED OF (Type or print) DEATH February Chancellor Long 19 Brawner with rs afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR ge 5 may band 2 with 72 hours af last birthday) Months Hours WIDOWED T DIVORCED Male 10b. KIND OF BUSINESS OR INDUSTRY ITS BIRTHPLACE (Stote 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? thin 24 hours after Give Pages 1, 2, or PM3. Page 5 File pages 1 and very within 72 h done during most of working life, even if retired) Confectionery Salesman
13. FATHER'S NAME Virginia MOTHER'S MAIDEN NAME U.S.A. UNKNOWN Emmit Merchant Brawner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unknown) | (Hyesgive werordeles of service) permit. as #2 Same 214-12-7020 Chancellor Alfred Brawner pencil in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ing" in pencil in the sr's Office along v ss a burial-transit p removal, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary embolism IMMEDIATE CAUSE (e) DUE TO Fractured left hip Conditions, if any, which gave rise to immediate cause Examiner's DUE TO (e), steting the underlying 92 pesn cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? te the dertificate, writing the word forwarded to the Chief Medical E. L. DIRECTOR: Page 3 should be aled agent, prior to burial, cremati NO I 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) CAUSE OF DEATH. Fell in living room of home 20d, INJURY OCCURRED 20d, INJURY (Home, farm, 20 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour XX at work et work Home Riverdale 4. 00 p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection K , Inquiry K and in my opinion Suicide Homicide Undetermined manner death resulted from: Natural causes Accident y slease execute the d should be forward FUNERAL DIRI r its designated ag CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER DE 2/22/62 EXAMINER'S NAME (Type) Address (Street, city, town, or county) RY OR CREMATORY 22a. BURIAL, CREMATION, REMOVAL (Specify) 0 Q40 9 wila H REC'D BY REGISTRAR DATEFEB 2 6 '62 VS. ATSME

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

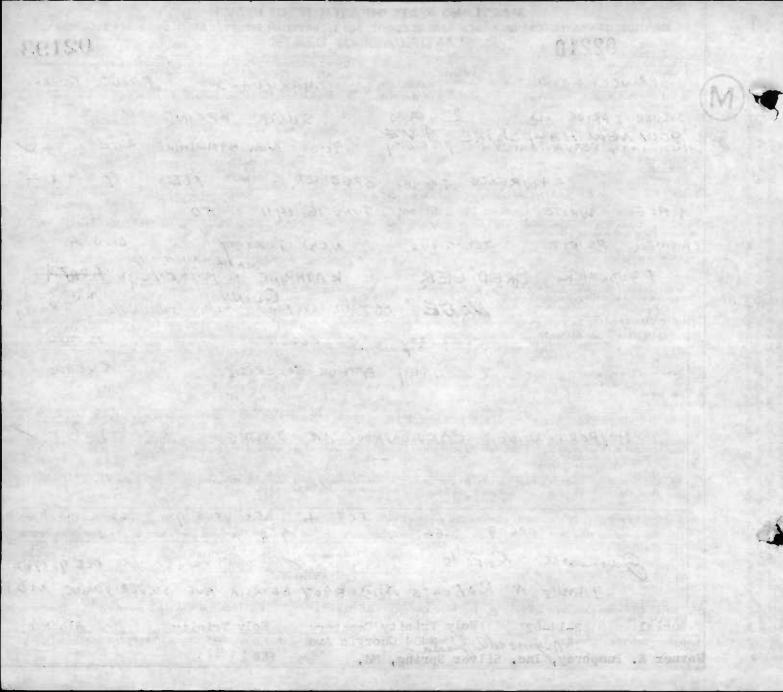
02102

1. PLACE OF PEATH  2. USUAL RESIDENCE (What deceased lived, if institution, Residence before admission, COUNTY PRINCE GEORGE'S  MARYLAND  3. STAFF  MARYLAND  3. STAFF	UALIU	CERTIFICATE	OI DEATH	02193
PRINCE GERCE'S MARYLAND ARYLAND ARYLAN	1. PLACE OF DEATH		2. USUAL RESIDENCE (Whara deceas	
B. CHYOR TOWN (if outlied corporate limits, with BURAL and give nearest lown)  JIL VER SPRING, M.  JIL VER SPRING, M.  JOHN OF THE STANDARD CONTRIBUTION OF THE PROBLEGIVE MIGRICIPATION OF THE CONTRIBUTION OF THE STANDARD OF CONTRIBUTION OF THE CO	PRINCE GEORGE'S	MARVIAND		b. COUNTY PRINCE GEORGE
24 STREET ADDRESS  ALL CEMATION OF BELLE OR NITURE OF BELLEVIEW OF STREET ADDRESS  ALL CEMATION OF STREET ADDRESS  ALL CEMATIO	b. CITY OR TOWN (if outside corporate limits,			
d. STREET ADDRESS  ALSO ARRY SERVANT ANST FOLY TRAINING  ALSO NEW HAMPSHIRE AVE TIS NOTE  BORGARED  BORGAR		22 UFARE	59 civin -2	e MG
S. NAME OF BECLARED   NEVER MARRIED   NAME   N				e. IS RESIDENCE
DECRESED (TYPE OF POINT)  LAWRENCE THOMAS BREDIGER  DEATH FEB.  9 AGE IN MARKED THOMAS BREDIGER  MALE WHITE WIDOWED DIVORCED DIVORCED TONE 16, 1911  9. AGE IN MARKED TORRY MARKED MARKED DIVORCED DIVORCED TONE 16, 1911  9. AGE IN MARKED TORRY MARKED MARKE	MISSION ARY SERVANTS MOST	Hocy TRINITY	19001 NEW HAM	PSHIRE AVE YES NO
CONTRIBUTION   CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION OF COUNTY. THE COUNTY OF CREMENT OF		Middla		Month Day Year
S. SEK   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   10. DATE OF BIRTH   9. AGE   In years   If UNDER 24 HR.   Months   Day   Mouse   Min.   Months   Mark   Ma		RG THOMAS R		FEB. 9 1962
MALE WHITE WIDOWED DIVORCED TINE 16, 1911 50 yrs. Months Days Hours Min.  108. USUAL OCCUPATION (Give kind of work loads of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTS OF A TOLL PRIEST.  11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTS OF A TOLL PRIEST.  12. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ALLKENNYL ACTUAL PRIEST.  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ALLKENNYL ACTUAL PRIEST.  16. CAUSE OF PEATH [Inter only one cause par line for (a), (b), and (c).]  17. PART I. DEATH WAS CAUSED BY:  18. CAUSE OF PEATH [Inter only one cause par line for (a), (b), and (c).]  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPE Save rise to immediate cause (a), stating the underlying cause last:  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPE Save Instead to immediate cause (a), stating the underlying CAUSE OF DEATH  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPE SAVE AND PART 1 (b) 19. WAS AUTOPE SAVE AND PART 1 (c) 19. WAS AUTOPE SAVE 1 (c) 19. W			DATE OF BIRTH 9. AC	
done during must of working life, even if retired    RECIGIOUS   NEW JERSEY    14. MOTHER'S MANIE    15. WAS DECASED EVER IN U.S. ARMED FORCEST    16. SOCIAL SECURITY NO. 17. INFORMANT    17. INFORMANT    18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).    18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).    19. PART IL DEATH WAS CAUSED BY:    10. IMMEDIATE CAUSE (e)    10. CONGRIGHMENT    11. INFORMANT    12. COPPORABLY    12. COPPORABLY    13. MOTHER'S MAIDEN NAME    14. MOTHER'S MAIDEN NAME    15. WAS DECASED EVER IN U.S. ARMED FORCEST    16. SOCIAL SECURITY NO. 17. INFORMANT    17. INFORMANT    18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).    18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).    19. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).    19. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).    19. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).    19. CAUSE OF DEATH    19. WAS AUTOPS    19. WAS AUTOP				- Months Days Hours
(3). FATHER'S NAME  FREDERICK BREDIGER  14. MOTHER'S MAIDEN NAME  FREDERICK BREDIGER  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  No. or unknown litips give war or delate of service.  NOWE  FATHER STEPHEN  Address  NOWE  FATHER STEPHEN  NOTERNAME  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a).  COPENARY  OCCLUSION  DUE TO  Conditions, IT any, white  gave rise to lumine distate cause  (a). stelling the underlying  (c).  FATHICO SCCEROSIS  YEARD STEVEN IN PART I.(a)  19. WAS AUTOPS  PREFORMED  YES  OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)  19. WAS AUTOPS  PREFORMED  YES  OR CONTRIBUTING TO ADD DESCRIBE HOW INJURY OCCURED CONTRIBUTING to Per II of item 18.)  THE THER NOTHER SIGNATURE  20e. ACCIDENT WAS UNDERVING While  Now	10a. USUAL OCCUPATION (Give kind of work   10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or forei	gn country)   12. CITIZEN OF WHAT COUNTRY
15. WAS DECEASE OF DEATH (Enter only one cause par line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).  19. COPY ARY  19. CO		20 IGIAUS	NEW TERSEN	U.S. A.
FREDERICK BREDIGER KATHRINE KILKENNY AND FRENCH STORES IN SCRIPTION OF CONTROL OF THE STORES EVER IN U.S. ARMED FORCES IN SCRIPTION IT. INFORMANT COUNTY Address No. 27 Hack IN CO. 20 LINKS IN CO. 27 LINKS I	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	A DEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCESS   16. SOCIAL SECURITY NO. 17. INFORMANT COUNTY Address   16. SOCIAL SECURITY NO. 17. INFORMANT COUNTY   17. INFORM	FREDERICK BOO	DICER		
Yes no, or unkown)   (If yes give water deleas of service)   NONE   FATHER STEPHEN   Nife.   SERVANTS   TRIM.		SOCIAL SECURITY NO. 17. IN		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   PART II. DEATH WAS CAUSED BY:   COPONARY   OCCULUS, (a)   ONSTAND PART II.     Conditions, it is may, which gave rise to immediate causes (c), stating the underlying (c)   DUE TO     Conditions, it is may, which gave rise to immediate causes (e), stating the underlying (c)     PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)   19. WAS AUTOPS PREFORMED? YES   NO     PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)   19. WAS AUTOPS PREFORMED? YES   NO     PART III. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)   19. WAS AUTOPS PREFORMED? YES   NO     PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)   19. WAS AUTOPS PREFORMED? YES   NO     PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)   19. WAS AUTOPS PREFORMED? YES   NO     PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)   19. WAS AUTOPS PREFORMED? YES   NO     PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)   19. WAS AUTOPS PREFORMED? YES   NO     PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)   19. WAS AUTOPS PREFORMED? YES   NO     PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)   19. WAS AUTOPS PREFORMED?     PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)   19. WAS AUTOPS PREFORMED?     PART II	(Yes, no, or unkown) (Ifyas giva war ordatas of sarvica)	11-1	GUINN.	most macy
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of item 18.)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURED   20a. PLACE OF INJURY (Home, farm, 19. while at work   19. was AUTOPS PERFORMED?  21. I certify that (I) (this hospital) attended the deceased from Fectory, street, office bldg., etc.)   20f. (City or town) (County) (Stete)   21. I certify that (I) (this hospital) attended the deceased from Fectory, street, office bldg., etc.)   22d. AUTOPS   22d. A	DIE TO			
PERFORMED?  THYPERTENSIVE CARDIO NASCULAR DISEASE  PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part II of itam 1B.)  The contributing cause of Death of Cause of Death (If Either, Notify Medical Examiner)  The contributing cause of Death of Cause of Death (If Either, Notify Medical Examiner)  The contributing cause of Death of Cause of Death (If Either, Notify Medical Examiner)  The contributing cause of Death of Cause of Injury (Home, farm, 20f. (City or town) (County) (State)  The contributing cause of Death of Cause of Injury (Home, farm, 20f. (City or town) (County) (State)  The contributing cause of Death of Cause of Injury (Home, farm, 20f. (City or town) (County) (State)  The contributing cause of County (County) (State)  The contribution of Cause of Death of Cause of Injury (Home, farm, 20f. (City or town) (County) (State)  The contribution of Cause of Death of Cause of Injury (Home, farm, 20f. (City or town) (County) (State)  The contribution of Cause of Death of Cause of Injury (Home, farm, 20f. (City or town) (County) (State)  The contribution of Cause of Injury (Home, farm, 20f. (City or town) (County) (State)  The contribution of Cause of Injury (Home, farm, 20f. (City or town) (County) (State)  The contribution of Cause of Injury (Home, farm, 20f. (City or town) (County) (County) (State)  The contribution of Cause of Injury (Home, farm, 20f. (City or town) (County) (County) (County) (County)  The contribution of Cause of	cause last. (c)			
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20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19 While at work at work 19 Mile at work	HYPERTENSIVE	CARDIOVAS	CULAR DISCASE	
20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19 While at work at work 19 Mile at work	20a. ACCIDENT WAS UNDERLYING   20b. DE			tam 18.)
21. I certify that (I) (this hospital) attended the deceased from Feb. 4	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
21. I certify that (I) (this hospital) attended the deceased from Feb. 4	20c. TIME OF INJURY Month, Day, Year   20d			own) (County) (Stata)
21. I certify that (I) (this hospital) attended the deceased from Feb. 4	Hour a.m. Whi	In the state of th	ry, street, offica bldg., etc.)	
saw the deceased alive on FLC. 9			508 1 1053 F	-R (7 10/2)
226. SIGNATURE  226. SIGNATURE  226. PHYSICIAN'S NAME (Type)  227. PHYSICIAN'S NAME (Type)  228. BURIAL, CREMATION, 23b. DATE THEREOF  236. NAME OF CEMETERY OR CREMATORY  REMOVAL ISPACITY  BUT1A1  236. BURIAL, CREMATION, 23b. DATE THEREOF  236. NAME OF CEMETERY OR CREMATORY  BUT1A1  246. PHYSICIAN'S NAME (Type)  257. NAME OF CEMETERY OR CREMATORY  HOLD, PHYS.   268. PHYSICIAN'S NAME (Type)  278. DATE NICHOLOGY  PHYS.   278. DIRECTOR DIRECTOR STAFF  278. DIRECTOR DIRECTOR (City, town or county)  (State)  278. BURIAL, CREMATION, 23b. DATE THEREOF  279. NAME OF CEMETERY OR CREMATORY  BUT1A1  269. PHYSICIAN'S NAME (Type)  270. NAME OF CEMETERY OR CREMATORY  HOLD, PHYS.   270. PHYSICIAN'S  PHYS.   270. ADDRESS  270. NAME OF CEMETERY OR CREMATORY  HOLD, TOWN OF COUNTY  ALABAMA  270. REMOVAL ISPACION  170. BUT1A1  270. NAME OF CEMETERY OR CREMATORY  HOLD, TOWN OF COUNTY  170. BUT1A1  270. NAME OF CEMETERY OR CREMATORY  HOLD, TOWN OF COUNTY  HOLD, TOWN OF COUNTY  ALABAMA  270. REMOVAL ISPACION  170. BUT1A1  270. NAME OF CEMETERY OR CREMATORY  HOLD, TOWN OF COUNTY  HOLD, TOWN OF COUNTY  ALABAMA  270. REMOVAL ISPACION  170. BUT1A1  270. NAME OF CEMETERY OR CREMATORY  HOLD, TOWN OF COUNTY  ALABAMA  270. REMOVAL ISPACION  170. BUT1A1  270. NAME OF CEMETERY OR CREMATORY  HOLD, TOWN OF COUNTY  170. BUT1A1  270. NAME OF CEMETERY OR CREMATORY  HOLD, TOWN OF COUNTY  170. BUT1A1  270. NAME OF CEMETERY OR CREMATORY  170. BUT1A1				
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22c. PHYSICIAN'S NAME (Type) JAMES A. ROBERTS M.D. 8907 GEORGIA AVE. SILVER SPRING, M. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) BURIAL 24 FUNERAL DIRECTOR'S SIGNATUR ALBERT COMMENTS 24 FUNERAL DIRECTOR'S SIGNATUR ALBERT COMMENTS 25c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 23d. LOCATION (City, town or county) (State) 4 FUNERAL DIRECTOR'S SIGNATUR ALBERT COMMENTS 24 FUNERAL DIRECTOR'S SIGNATUR ALBERT COMMENTS 25c. PHYSICIAN'S 22d. ADDRESS 25d. ADDRESS 25d. ADDRESS 26d. AVE. SILVER SPRING, M.D. 27d. ADDRESS 26d. AVE. SILVER SPRING, M.D. 27d. ADDRESS 26d. ADDRESS 27d. A		. On to		STAFF SIGNE
NAME (Type) JAMES A. ROBERTS M.D. 8907 GEORGIA AVE. SILVER SPRING, M. 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL Specify)  BURIAL (Specify)  BURIAL (Specify)  2-14-62  HOLY Trinity Cemetery  HOLY Trinity  Alabama  4 FUNERAL DIRECTOR'S SIGNATURE  ASSOCIATION (City, town or county)  Alabama  4 FUNERAL DIRECTOR'S SIGNATURE  ASSOCIATION (City, town or county)  Alabama  ADDRESS 34 Georgia Ave256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	7	M.I	. 123	HYS.   FEB. 9, 196
Burial Spacify 2-14-62 Holy Trinity Cemetery Holy Trinity Alabama 4 FUNERAL DIRECTOR'S SIGNATUR ASSESSMENT OF THE PROPERTY OF	NAME (Type) JAMES A.	ROBERTS MI		VE. SILVER SPRING, M
Burial Specify 2-14-62 Holy Trinity Cemetery Holy Trinity Alabama 4 FUNERAL DIRECTOR'S SIGNATURE (25b. REGISTRAR'S SIGNATURE)  24 FUNERAL DIRECTOR'S SIGNATURE (25b. REGISTRAR'S SIGNATURE)	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATIO	N (City, town or county) (State)
4 FUNERAL DIRECTOR'S SIGNATUR Aymond Q. 3 ADDRESS 34 Georgia Ave 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	REMOVAL (Spacify) Burial 2-14-62	Holy Trinity	emetery Holy Tri	nity Alahama
1100	Sud D	10 0 1 0-171 0		
	1/07/100/100	- resul	4 4 100	

funeral hours after ne to in E de TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writing death. Page 4 may retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after VR A15 (4)

15M 9/60



VR A1S (4)

# MARYLAND STATE DEPARTMENT OF HEALTH

DOLOR

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OP 12 CERTIFICATE OF DEATH

7	OWNII	Item 9 Film G	306 2/8/62 int		02199
ı	1. PLACE OF DEATH	7 /4	2. USUAL RESIDENCE (Whara dace		esidenca bafore admission)
	*. COUNTARINAF REA	PAE TMARYLAND	a. STATE / ROLINIA	b. COUNTY R	FFNF/
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpora	ita limits, writa RURAL and	giva nearast town)
	writa RURAL end give nearest town	il were	STANDARD	SVILLE	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	T WEEKS	d. STREET ADDRESS	SUINNE	I o. IS RESIDENCE
	1 to 1 Day is all all	ospital, give straat address)	Ot Bare	206	ON A PARM?
	6321 BKANCH AVE,	312,	N11100X 2	00	) ( YES NO
	3. NAME OF First DECEASED	Middla	Last 4. DATE OF	Month	Doy Year
	(Typa or print) EMHA	FRANCIS	BRILL DEATH	FEB.	2 1962
Н	S. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED B.	DATE OF BIRTH 9.	AGE (In years IF UNDER 1	
4	t WIDOW	ED DIVORCED	EPT, 22 /886751	ast blohday Months Months	Days Hours Min.
	10a. USUAL OCCUPATION (Giva kind of work   10b. I	KIND OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (County & State, or for	raign country)   12. CITI	ZEN OF WHAT COUNTRY?
	dona during most of working life, aven if retired)  HOUSEWIFE	FARM	GREENBRIAR CO.	W. VA.	11,5.4.
	13. ATHER'S NAME	1 /12/1	14. MOTHER'S MAIDEN NAME		0 / 0 / / /
	UNILLUAN AID	IN MILLACIA	Mary Carpenter		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	SOCIAL SECURITY NO. 17. II	NFORMANT DTR.	Address	70 15
	(Yes, no, or unknown) (Ifyesgivawarordatesofsarvice)	SOCIAL SECURITY NO. 17. 12	6110	Address Da	ON HANN NIDE
	NO	NONE K	AMONA PRYERS	6321101	MINCH A VOE
	1B. CAUSE OF DEATH [Enter only one causa par				ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rebrovasci	WWAR ACCIDE	U7	15 HRS
	72) DUE TO	C HEHOR	RHAGE)		
	Conditions, if any, which	DHEDINA	LEROTIC CAI	DDIA-	15+ VRS
	gave risa to immadiata causa	KIERTOSE		< IF M< F	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(e), stating the undarrying	VH	SCUWAR PL	DEA JE	
	(4)	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART	1(a) 119. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CO				PERFORMED?
1	S /Y UIV E	SCRIBE HOW INJURY OCCURED.	(Entre of the Mark Street London Street	milestiff AUTE .	
į.	I ≥ I OR CONTRIBUTING PTICAUSE CEDEATH I	SCRIBE HOW INJURY OCCURED.			SIGNED
		NUNE	WITH PERMISS		
	20e. TIME OF INJURY Month, Day, Yaar 20d Whi at we	INJURY OCCURRED   20e. PLACE	CE OF INJURY (Homa, farm, 20f. (City of steept, office)	r town)	nty) (Stete)
	19 at we	The Carlower !	VUNE	UNL.	
	21. I certify that (I) (this hospital) atter	nded the deceased from	JAN 1961, 10	ARESEN	2.2, that (I) ( <del>we)</del> last
			death occured at 1290 from		
	22a. SIGNATURE		7,1		22b. DATE
	( Estimas)	wefn . M.	ATTENDING DIRECTOR	STAFF PHYS. [-]	FER 2 104
	22c. PHYSICIAN'S	1/10	22d. ADDRESS		-87,101
	NAME (TYPHRITHUR S.H.	AVER TR, KI	D. BRANCH HU	E. ChINI	TON, MD,
	23a. BURTAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF GEMETERY C		ON (City, town or county	r) A (Stata)
	REMOXAL (Spacify)	Dipulser De	willolous Al	e le don	16 1401
	Museum 17 6 E	Grand College	11 A 250 DEC'D BY DECIETA	AR 25b. REGISTRAR'S	SIGNATURE
	THE WALL OF THE PARTY OF THE STATE OF THE ST	a Lingue	70.		
-	They correducted bons	- House	MILL DATE FER 5	52 arthur	S. Thomas

3. A DESCRIPTION OF THE PROPERTY EFFIRE FRANCIS ERILL - FEEL 2 - 62 CREEDBERRESS WITH L'S # MANNER CANNERS AND SERVER STATEMENT STATES SECURIOR TO BANK THE - 4 20 T 1165 A EN EIGHT STEET STEET STEET STEET NEW THE CONTRACTOR THE THINK SHIP YOU LONE ENDINE EXCENE ENDE THE STATE OF THE PARTY OF THE STATE OF THE S PROTEUR SHAWRE FOR MID. ERING WELLS. BUILDING SEG-

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02195

1	- COUNTY	JSUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission)
)	PRINCE GEORGE MARYLAND	STATE PRINCE GEORGE
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
7	LAUREL	1 LAWREL
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	S. STREET ADDRESS O. IS RESIDENCE
1	College of the state of the sta	5/4- 9th SA YES NOT
	3. NAME OF First Middle	Last 4. DATE Month Day Year
Ī	(Type or print) ROY ROBERT BR	OOKS DEATH FIEB 2, 1962
	5. SEX   6. COLOROR RACE   7. MARRIED   NEVER MARRIED   8. DAT	E OF BIRTH 9. AGE (In years IF UNDER 1 YEAR   IF UNDER 24 HRS.
	MALE COLORED WIDOWED DIVORCED JULI	VE 28 1903 (Say yrs. Months Days Hours Min.
		BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	GENERAL LABORER H	OWARD & MOL
Н	For Partie	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFO	ATHERINE GIBSON
	(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	302-9th S
		RTRUGE MATTHEWS, LAUREL
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	coroted 9 mo-
	DUE TO	
	Conditions, if any, which (b)	
	gave rise to immediate cause	
	(a), stating the underlying cause last. (c)	
	OF	PERFORMED? YES NO [7]
	20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCURED. (Enta	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELY  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	r natura of injury in ran i or ran i or nein ros,
		INJURY (Home, farm, 20f. (City or town) (County) (Stata)
	Hour a.m.  While Not While factory, str	eet, office bldg., etc.)
	21. 1 certify that (I) (this hospital) attended the deceased from	6 196/, to 2/2 196 2 that (1) (we) last
	1/2 7 /-	h occured at 4
	22a. SIGNATURE	22b. DATE
		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. SIGNED
	22c. PHYSICIAN'S NAME (Type) Q	22d. ADDRESS
	Bryan Marren	Jaurel Miss
	238. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CE	EMATORY 23d. LOCATION (City, lown or county) (State)
	Bunal 2/5/62 Bacons	anne arundel a mol
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Redal Della 502-47h St Varia	DATE FEB 5 '62 Chimar S. Times
4		

DIVISION OF STATIS

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MARYLAND STATE DEPARTMENT OF	HEALTH
TICAL RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARY 240
CERTIFICATE OF DEATH	1-1

UKKID	Item 15	Film G3	10 4/3/62	JWK		
1. PLACE OF DEATH				CE (Where deceased I	ived, If institution: Ras	sidence befora admission)
a. COUNTY Prince Georg	es	MARYLAND	a. STATE Mary	and b	county Prince	e Georges
b. CITY OR TOWN (if outside corporate lin	nits,   c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (	If outside corporate lim	its, write RURAL and	give naarast town)
write RURAL and give nearest town) Cheverly	12	hrs	X Uppe	er Marlbord		
d. NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS			15 RESIDENCE     ON A FARM?
Prince Georges Ger	eral Hospita	1	Box	3805		YES NO
3. NAME OF Fire DECEASED		iddle	Last	4. DATE OF	Many Andrews	Day Year
(Type or print) Babj		_	Brown	DEATH F	eb 6	
5. SEX 6. COLOR OR RAC	7. MARRIED NEVER	MARRIED 18.	DATE OF BIRTH		thday) IF UNDER 1 Y	EAR IF UNDER 24 HRS. Hours Min.
Female Black	WIDOWED DI	VORCED [	6 Feb 1962	3	yrs.	12
10a. USUAL OCCUPATION (Give kind of wo	rk 10b. KIND OF BUSIN	LESS OR INDUSTRY	11. BIRTHPLACE (Cour	nty & Stata, or foreign	country)   12. CITIZ	EN OF WHAT COUNTRY
None			Maryland		U.S	.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Hermand Bernard James Duckett			Pauline	Br own		
15. WAS DECEASED EVER IN U.S. ARMED FO	RCES?   16. SOCIAL SECU	JRITY NO. 17. II	NFORMANT		Address	
(Yes, no, or unkown) (Ifyasgive war or dates of	service)		Mother	Same as a	howa	
			WO OHO!	Darnie az a	.0000	L ANIMONIA A RETURNI
18. CAUSE OF DEATH [Enter only or	0		1			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	fre	man de	1 Jul			
77/ X DUE TO						
gave risa to immediate cause	)					
(a), stating the underlying DUE To						ATT MEDICAL
causa last.	)					
PART II. OTHER SIGNIFICANT CONE	ITIONS CONTRIBUTING TO	O DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
OIL I						YES NO
200. ACCIDENT WAS UNDERLYING	20h DESCRIPE HOW II	NILLIBY OCCUPED	(Enter natura of injury in	Part Lor Part II of itam	18 \	1 110 [] 110 []
PART II. OTHER SIGNIFICANT COND  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF THE STHER, NOTIFY MEDICAL EXAMINER		MJORT OCCORED.	(Line) haided or injery in	Tan Tor Tan It or Hain	10.7	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County)					y) (Stata)	
- P.IIII	at work at work					
21. I certify that (I) (this hosp						52 that (I) (we) las
saw the deceased alive on2:	-6- 19.6	32. and that	death occured at	M. From the c	auses and on th	e date stated above
22a. SIGNATURE	1					22b. DATE
	Lundl	in M.		MED. STAF		SIGNED
22c. PHYSICIAN'S			22d. ADDRESS			
NAME (Type) Dr . Alber	t J. Modlin		388 Mont:	rose Avenue	, Laurel,	Maryland
238. BURIAL, CREMATION, 236. DATE TH	EREOF 23c. NAME	E OF CEMETERY C	OR CREMATORY	23d. LOCATION	City, town or county)	(State)
Cremation 2-17-6		e George	's General H	osp. Chev	erly, Md.	
24 FUNERAL DIRECTOR'S SIGNATURE	/ ADDR			C'D BY REGISTRAR 2		
Harry W. Penny Jr. X	dministrator	-11	DATE	EB 2 0 '62	arthur S.	time
2077237160		16				

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de funerab IO HOSPITAL OR PITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may Ectained by the hospital or attending physician.

S TO FUNERAL DIRICTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF STATISTICAL RESEA	RCH AND RECORDS,	OF DEATH			RE 1, MARY	2197	1
1. PLACE OF DEATH  COUNTY  Prince Georges		2. USUAL RESIDENCE A. STATE Mary 1		ad fivad, If in	Prince G	ce bafore edmis	ssion)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerast town)  Cheverly	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		limits, write			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS				e. IS RESIDE	
Prince Georges Genera	*		Box 26		113	YES NO	, 🗆
3. NAME OF First DECEASED (Type or print) Debbrah	Middle P	Br own	4. DATE OF DEATH	Month Feb	12	Yaer 19 6	2
5. SEX   6. COLOR OR RACE   7. MARRIEI   Female   Black   WIDOWEI		26 June		st birthday)	Months Days	Hours M	HRS.
	IND OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (Coun		_	12. CITIZEN O	· A ·	NTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	JE 200			
James L Brown		Irene	Hamilto	n /			
\$5. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyesgivewarordetasofsarvica)	SOCIAL SECURITY NO. 17. II	NFORMANT		Address			
Conditions, if any, which gave rise to immediate causa (e), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CON OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	Polytra a ATRIBUTING TO DEATH BUT NO	ted a	JOPEN NAL DISEASE CON	CLC ROTTION GIVE	IN IN PART I(e) 1	9. WAS AUTO PERFORME YES NO	OPSY ED?
	CRIBE HOW INJURY OCCURED.	(Enter netura of injury in	Part I or Part II of i	tem 1B.)			
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. Whila P.m. 19 at wor	Not While factor	CE OF INJURY (Homa, farm pry, straat, office bldg., etc		town)	(County)	(Stet	re)
21. I certify that (I) (this hospital) attended saw the deceased alive on 12 Feb	ded the deceased from	death occured at.	19 62 to 1 45 <sub>M</sub> RM <sub>om th</sub>	2 Feb e causes a	19.62, t	ate stated ab	bove
22e. SIGNATURE MY 1/1	fbrook M.	manuer of a		STAFF PHYS.		22b. D/	ATE IGNE
NAME (Type)	Holbrook, Jr.	4500 Col:	lege Aven	ue. Co	llege Pa	rk. Md.	
236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Spacify)  BORIAL 2-15-62	Holy Family	Church Cem	· MITCH	on (City, tow	n or county)	(Stete)	
24 FUNERAL DIRECTORS STREETH IC. Gall	April 4339)	Junt Po DATEFE	1 6 '62	25b. REG	Lug S, Krau	TURE	

MARYLAND STATE DEPARTMENT OF HEALTH

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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PLACE OF DEAT     COUNTY			2. USUAL RESIDENCE	E (Whera deceased lived, If institution: b. COUNTY	: Rasidence before edmission)
	George's	MARYLAND	Maryland	Prince Ge	
	(if outside corporete limits, d give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outsida corporata limits, writa RURAL a	and give nearast town)
	ITAL OR INSTITUTION (if not i		d. STREET ADDRESS		e. IS RESIDENCE
	George's Gene		3837 34th	Street	ON A FARM?
3. NAME OF DECEASED (Typa or print)	First Milton	Middle	Bun oh	4. DATE Month OF DEATH February	Dey Yeer 15 19 62
5. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers   IF UNDER	TYEAR IF UNDER 24 HRS.
Male	1000-54-0	OWED A DIVORCED	8-1-1872	89 yrs. Months	Deys Hours Min.
done during most of w Retired	TION (Give kind of work orking life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTR	Unknov		ITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME	
Unknow	n		Unknov	vn	
	VER IN U.S. ARMED FORCES?		INFORMANT	Address	
Unknown	(If yes give wer or detes of service)		Hospital Rec	ords Same as #	1
IB. CAUSE OF	DEATH [Enter only one couse				I INTERVAL BETWEEN
45	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Generalized a	rteros cleros	210	ONSET AND DEATH
Conditions, if an					
(a), steting that	DISC TO				
cousa lest.	) (c)				
PART II. OTHE	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
	VAS UNDERLYING [ 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury in P	ert I or Pert II of item 18.)	
20c. TIME OF INJ Hour a.m. p.m.			ACE OF INJURY (Home, ferm tory, street, office bldg., atc.)		ounty) (Stefe)
				19, to2=15=62, 1 154, from the causes and on	
220. SIGNATURE	RMPa		ATTENDING P.M	ED. STAFF	22b. DATE SIGNED
22c. PHYSICIANS	Robert B. G	. Sassoer	22d. ADDRESS R.F.D. Bo	x 2150, Upper Marl	boro, Md.
23a. BURIAL, CREMAT	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (City, town or cou	nty) (Steta)
Burnal (Specify	2/22/62	Ft. Lincoln	1	Colmar Manor,	Md.
24 FUNERAL DIRECTO	Gasch's Sons	ADDRESS Hyattsville, M		D BY REGISTRAR 256. REGISTRAR;	S SIGNATURE
Francis	Gascii's Suiis	Tryattsville, N	Tal Ylall UDATE CO	3 50 7	

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Brancis Gurch's Sons Hyllisville, Maryland gall 27 20 20

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J. A. B. U. V.

ARYLAND STATE DEPARTMENT OF HEALTH TON STREET, BALTIMORE 1, MARY C307 2/26/62 1 wh.

2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edmission) PLACE OF DEATH b. COUNTY Prince Georges e. COUNTY Prince Georges MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give neerest town) Chever lv 7 hrs Cedar Heights e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS ON A FARM? 1011 Prince Georges General Hospital 62nd YES NO X completely 3. NAME OF 4. DATE Middle DECEASED (Type or print) DEATH 13 1962 Marv Burley Beb. IF UNDER 24 HRS. carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR and last birthday) Months Hours 1905 Black Female WIDOWED [ DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME ding a 16. SOCIAL SECURITY NO (Yes, no, os unkown) | (If yes give wer or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immadieta causa DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? 35 NO -20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of itam 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY 20f. (City or town) (County) (Stete) Month, Dey, Yaer factory, street, office bldg., etc.) While Not While Hour a.m. at work [ at work OR:

21. 1 certify that (I) (this hospital) attended the deceased from 12 Feb 1962, to 13 Feb 1962, that (I) (we) last

saw the deceased alive on. 13 Feb 1968 and that death occured at 2,300 from the causes and on the date stated above. 22e. SIGNATURE ATTENDING PHYS. DIRECTOR M.D.

PHYS. R.F.D. Box 2150 22d. ADDRESS Upper Marlboro. . Md.

23d. LQCATION (City, town or county)

Dr , Robert B Sasscer. M.D. 23a. BURIAY, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

22c. PHYSICIAN'S

24 FUNERAL DIRECTOR'S SIGNATURE

256 REGISTRAR'S SIGNATURE

22b. DATE

(Stata)

SIGNED

25a. REC'D BY REGISTRAR Christing & Thous DATE

VR A15 (4) 15M 9/60

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O HOSPITAL death. Page 4

remain which the san Y grange .14 Amio 1401 laniosci fans di mestaen porfan at the second se Texture about 19 to the later at the state of the state o Director land the americality to and Charle Sant C Chequistic properties of the said They are all the support La Part 1981 - A - 1982 - A - 198 data and .... L-17-62 There Cas Sury HAS WALL TO SERVE DOWN AND THE SERVE STREET



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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02200

1. PLACE OF DEATS				2.	USUAL RESIDE	NCE (Where d	eceased lived, If		sidence bef	ore admission
Prin	ce Georges		MARYLAND		a. 31/11C	D. C.	B. COOK		p=0	1/
b. CITY OR TOWN	if outside corporafa limits give nearest town)	، إديا	Months and	b	c. CITY OR TOWN	(If outside corp	porate limits, write	RURAL and s	give neeres	t town)
	Dale (rural)	)	28 days	4		Washing	ton	4	7x.3	3
d. NAME OF HOSPI	TAL OR INSTITUTION (if	not in hospital,	give street eddress)		d. STREET ADDRES					IS RESIDENCE
	le Hospital				1	644 Еуе	St., S.	E.		NO X
3. NAME OF DECEASED	First		Middle		Lest	4. DATE	Month	100	Dey	Year
(Type or print)	Alex	kander	-	Bu	rnside	DEATH	2		8	19 62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DA	TE OF BIRTH	9	. AGE (In years			NDER 24 HRS
Male	Morro	WIDOWED T	DIVORCED T		4/3/188	4	77 yrs.	Months Da	Hou	Min.
10a. USUAL OCCUPAT	ION (Giva kind of work	10b. KIND O	F BUSINESS OR INDU	STRY   1	BIRTHPLACE (Co	unty & Stele, or	foreign country)	12. CITIZ	EN OF WH	AT COUNTRY
Retired	orking life, aven if refired		nown		S.C.			TI	SA	
13. FATHER'S NAME				14.	MOTHER'S MAIDE	N NAME			D11	
Joe Burn	side				Eloi	se ?				
15. WAS DECEASED EV	ER IN U.S. ARMED FORCE	ES?   16. SOCI	AL SECURITY NO.   17	INFO			Address			
(Yes, no, or unkown) (	fyes give war or dates of ser	rvica) 579⊶	18-4736	De	cedent					
18. CAUSE OF I	DEATH  Enter only one								INTERVA	L BETWEEN
	H WAS CAUSED BY.								-	ND DEATH
41	IMMEDIATE CAUSE (e)	Pulmona	ry embolus	3					L da	У
6	DUE TO	Dh 7 - h - h	l	- 6	e			7 -	771	
Conditions, if engage		LuTepor	hrombosis	OI .	remoral a	nd TITS	c vesse	LS	Unkn	OWII
(a), stating the u	DITE TO								0.000	
cause last.	) (c)_		TINIO TO DE 1 TIL DIE			ANALI BACKACE			1 10 111	A.C. A.LITTOREN
Pari II. OTHE	ary tubercul									
3 1 (11)								screro	STAES	X NO ·
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIBE	HOW INJURY OCCU	RED. (En	tar neture of injury i	in Pert I or Pert I	Il of item 18.)			
	1	20d. HUJUR	Y OCCURRED   20e. I	PLACE C	F INJURY (Homa, fa	arm. 1 20f. (Cit	y or town)	(Count	v)	(Stete)
20c. TIME OF INJU	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Whileh	lot While		street, office bldg., e		,,	(300	,	(5.5.5)
p.m.	19		at work		0/11/	- 67	0.70	1	0	
	that (I) (this hospita									
	sed alive on	.2/.8/	190.2., and th	hat dea	ath occured at.	P. M, from	n the causes	and on the	e date st	
22e. SIGNATURE	Min /A	4			ATTENDING	MED.	_ STAFF			22b. DATE SIGNE
	annet ci	iun		M.D.	PHYS.	DIRECTOR X	PHYS.		2/	8/62
22c. PHYSICIAN'S NAME (Type		iss, M.	D.		22d. ADDRESS	G	lenn Dal lenn Dal	e Hosp	ital	
23a BIRMAT CREMAT	ION, 236. DATE THERE		NAME OF CEMETER	RY OP 4	DEMATORY"		ATION (City, to)			(Stete)
SEMOVA (Specify	29/1	02 6			norial	Su	itland	The Godina	Md	(31616)
24 FUNERAL DIRECTO	R'S SIGNATURE William	im Sprugle	ADDRESS	L		REC'D BY REGIS	TRAR 25b. REC	GISTRAR'S SIG	GNATURE	
I Span ople		me +	524-8	X	WE DATE	FER 13 '	52 a	william 8.	There	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 mathy retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 8 me funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 at 25 chould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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VR A15 (4) 15M 7/61

DOSESO nos decreación de la lacione, punta lacor ambignada a composidad traca de co the control of the last water black the first the control of the c

Sylvery St. J. S. V. S. Land Dog" Dagerly

# TO HOSPITAL OR FIXENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may 1. Splained by the hospital or attending physician. 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b. The funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pepers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

## MARYLAND STATE DEPARTMENT OF HEALTH

	MINTELLE	MIND SIMIL DE	PARIMENT OF	I I I I I I I I I I I I I I I I I I I	
DIVISION OF STATIST	TICAL RESEAR	CH AND RECORDS	301 W. PRESTON	STREET, BALTIMORE 1	, MARYLAND
65518	Ttome 1	CERTIFICATI	E OF DEATH	STREET, BALTIMORE 1	02201

Items I & 9 Film Gou	1/ 2/23/02 1WK
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
Prince Geo bosh Chauenla MARYLAND	. STATE Maryland b. COUNTY Pr. Leo
b. CITY OR TOWN (if outside corporate limits, c. LENGT) OF STAY IN 1b	c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)
write RURAL end give neerest town)	2.2
Chaverly Md. 1 Lodays	200 Kent Village
d. NAME OF HOSPITALOR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Prince George's Gen. Hosp.	7214 Forest Road. YES NO
3. NAME OF hirst Middle	Last 4. DATE Month Dey Year
(Type or print)	Carn DEATH Feb 13 1962
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
M	LL 10-01 (last birthdey) Months Days Hours Min.
WIDOWED DIVORCED	OD/(21/ yb.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Salesman	DURHAM N.C. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN
	INFORMANT Address
(Yes, no, or unkown) (Ifyes give weror detes of service)	ours Atwell 7212 Fruit Rd. Hyattaville, Ma
18. CAUSE OF DEATH [Enter only one ceuse per lipe for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) Orondry of	Thrombosis 4 days
DUE TO	
Conditions, if eny, which (b) Interwo cleros	as Covonary artirey Alesease Unk
geve rise to immediate cause	, de la companya de l
(a), steting the underlying couse lest.	through
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
Transfo preumona Telat	O. (Enter neture of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	). (Chief neture of injury in rati i of rati ii of them (o.)
too too	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour e.m. While Not While et work at work	
	1-24 1962 to 2-13 1962 that (I) (we) last
	t death occured at AOAM, from the causes and on the date stated above.
220. SIGNATURE	22b. DATE
	ATTENDING MED. STAFF SIGNED
	A.D. PHYS. DIRECTOR PHYS. 22d, ADDRESS
22c. PHYSICIAN'S' NAME (Type)	ZZG. ADDRESS
236 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Single)
DURIAL FEB/ 6,1962 Wood-ield	Com. Galesville, Md
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
I TA Horales les + Som Galesne	Ul MA DATEER 19'62 arthur S. Krous
1	The state of the s

1 budgiott the place of median and spelie tool grade a light of the planted 2 Sood tener Book HOOT -Card Tob 110-01-4 herristo 2 Esternaliste Vernan letin lane Wit. The proof thought Breeze Francisco Peter THE SAME AND AREA OF SAME Miller on says B ( 1 m) Bh DD Loo College to Market Line

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 02219 Reg. Dist. No. 2202 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY COUNTY MARYLAND LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate RURAL and give nearest tays neactors yrs. d. NAME OF HOSPITAL (If not in haspital, e. IS RESIDENCE ON A FARM? 20 RYES | NO 2. NAME OF filled DECEASED OF DEATH (Type or print) 19 3 9 AGE (In years last direction S. SEX OR OR RACE 7. MARRIED NEVER MARRIED IF UNDER YEAR IF UNDER 24 HRS Months Days DIVORCED | (0 Gyrs. cample ION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? and offer 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME physician Unknown 72 haure 15. WAS DECEASED ER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL ttending CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART 1. DEATH WAS CAUSED BY D IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which has been signed gove rise to immediate DUE TO couse (o), stoting the underlying couse last physician CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING ACAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ficate (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while ot work ot work p. m. 6, Frat Flast saw the deceased 21. I certify that I attended the deceased fram 2.C.A., from the causes and on the date stated abave. that death occurred at5 alive an ADDRESS (Street, city or town, ACTUAL SIGNATURE PHYSICIAN'S NAME (Type

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Ritchie Bros. Fun'l Home-Upper Marlboro, DATE FEB

22d. LOCATION (City/town, or county)

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Ciriling S. Krous

(State)

22b. DATE THEREOF

220. BURIAL CREMATION.

Burial (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

MS TO HOSPITAL OR ATTENDING WELL MAY BE retained by 14 pressions of the page 3 should be detached

certificate

SUBSECTION OF THE PROPERTY OF The State of Comment of the State of the Sta . La la companya de l the contract of the second and the same that the same of the 2/2/42 1 PEFF 12 CHET 12 PEFF The state of the s TO DEPUTY MEDITAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necestablesse execute the dertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the risk designaled agent, prior to burial, cremation, or removal, and in any evept within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

				TREET, BALTIMORE	
02220	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	02203

	1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDEN	CE (Where de	eceased lived, If	Institution: Resid	ence before	edmission)
1	Prince Geor	cale	MARYLAND	a. STATE Mar	vland	b. COU	Prince	e Gen	rge ! s
	b. CITY OR TOWN (if outside corporate li write RURAL end give neerest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN					
1	Carmody Hills		15 years	28 Carmady	Hill	8			
1	d. NAME OF HOSPITAL OR INSTITUTION	(if not in hosp	Ital, give streat address)	d. STREET ADDRESS				a, 15	RESIDENCE
	302 73rd, St	reet		302 73rd		t			A FARM?
1	J. NAME OF Fin	rst	Middle	Last	4. DATE	Mont	n Da	у Үө	Pr
	(Type or print) Herber			coale	DEATH	Februa	any 2	19	62
1	5. SEX 6. COLOR OR RAC	7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	19	. AGE (In years last birthday)	IF UNDER 1 YEA	R IF UNDE	R 24 HRS.
	Male White	WIDOWED		Nov. 21, 1	908	53 yrs.	Months Days	Hours	Min.
1	loa. USUAL OCCUPATION (Give kind of wo	ork 10b. KIN	D OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (State	or foreign cou	untry)	12. CITIZEN	OF WHAT	COUNTRY?
	done during most of working life, even if reti Insurance Salesii	lan Ir	nsurance	Maryland	1		U.S	. A.	
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	Charles Ralph C	oale		Lillian	Shep	herd			
1	S. WAS DECEASED EVER IN U.S. ARMED FO	PRCES?   16. S	OCIAL SECURITY NO.   17.				30 31s	tstr	eet N
- 1	Yes no, or unkown) (If yes give war or detaso	fservice) 5	77-03-7005 1	helma Loui	se Co				
-	18. CAUSE OF DEATH [Enter only or	na cause per lin	a for (a), (b), and (c).]					NTERVAL BE	and the same of th
	PART I. DEATH WAS CAUSED BY		Hemorrhage	and shock				DNSET AND	DEATH
	IMMEDIATE CAUSE (		222000	Olice Dilocit					
	Conditions, if ony, which		Gun shot wo	und of the	heed				
	geve rise to Immediata cause	b)	dan phot we	did of othe	Head				
	(a), stating the underlying DUE To	0							
	cause last.	c)	NATIONAL AND	T BELL TED TO THE TERM	IAL DISTASS				
3	PART II. OTHER SIGNIFICANT CON	DITIONS CONT	KIBUTING TO DEATH BUT NO	I KELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1(e)		AUTOPSY DRMED?
1								YES	NO 1
103	PART II. OTHER SIGNIFICANT CONI  20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING  CAUSE OF DEATH.		E HOW INJURY OCCURED. (E						2
		Shot	self in the	head, whil	e in	his ho	ne		
1000	Month, Day, Y		IJURY OCCURRED   20e. PLA	CE OF INJURY (Homa, farm ory, street, office bldg., etc.	n, 20f. (City	or town)	(County)		(State)
177	12:20 x 2/2/ 19	62 at work		me	Carm	ody Hi	lls P.	G.	Md
	21. I certify that I took charge	of the rema	ins described above, he	ld an Autopsy .	Inspection	X. Inquir	y X, an	d in my c	pinion
	death resulted from: Natural	causes	Accident , Suici	de X. Homicide	Une	determined m	anner		
				CHIEF MEDICAL	EXAMINER [	1			
	ACTUAL SIGNATURE	2011	9. 15 Jan	ASSISTANT MED	ICAL EXAMIN	ER 🗍		DATE SIG	NED
			3. 1 Joh	DEPUTY MEDICAL	L EXAMINER S	<u></u>	9	/2/62	)
1	NAME (Type) JAME	3 I. B	OYD, M.D.	Address (Streat,		-		12/00	
2	2a. BURIAL, TREMATION, 22b. DATE THE	NOF 2	2c. NAME OF CEMETERY OR			ION (City, fown	or country)	(Ste	ta)
	burial 2/6/62		Ft Tingel-	Comptex	Pr.Ge	eo.Co.	Marvil	end	
1	23. FUNERAL DIRECTOR		Ft. Lincoln ADDRESS Wash,	D.C. 24. REC	'D BY REGISTE	RAR   24b. REG	ISTRAR'S SIGNA	TURE	
1	The S.H. Hines Co.	,2901	14th St. N.	W. DATEE			Thur S. Hra	3 /	6
-				I DATE:	3 0 02	1 cm	2. 1000	V V	

1 ----10.5. DETACHE OUT OF LOW SHIPS TO SELECT OF THE SE the said street for , 200 depleted on the contract of 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 mathematical by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the farmeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 a 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4)

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02204

	PLACE OF DEATH				2	. USUAL RESI	DENCE (When	e decesse			Residen	ce before a	dmission
		Georges		MARY	LAND	a. STATE	D. C.		b. COUN	IY			1
	b. CITY OR TOWN (if	outside corporate lim	ts,	c. LENGTH OF STA		c. CITY OR TO	WN (If outside			RURAL .	nd give	nearest tow	vn)
	Glenn Dal	give nearest town)		4 days			Washi	ngton	1		47	Y. 2	3
			if not in ho	spital, give street addre	ess)	d. STREET ADDI	RESS				1 1		ESIDENCE
		Dale Hospi				Little	Siste	s of	the	Poor			A FARM?
3.	NAME OF DECEASED	First		Middle		Last	4. DAT	re	Month		Day	Yea	r
	(Type or print)	Leo		-	Co	orriden	DEA	TH	2		20	19	62
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED		ATE OF BIRTH			E (In years	IF UNDER		IF UNDER	
	Male	White	WIDOW			2/12/01		61	birthday) yrs.	Months	Days 🛏	Hours	Min.
10a dor	usual Occupations during most of wor	ON (Give kind of work king life, even if retire	(d) 10b. I	CIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (	(County & State	, or foreig	n country)	12. C	ITIZEN O	F WHAT	COUNTRY
	Unknown	1		Unknown		Washi	ngton.	D.C.		U	SA		
13.	FATHER'S NAME				14	. MOTHER'S MA							
	Unknown	,				Unkno	NT 777						
	WAS DECEASED EVE	R IN U.S. ARMED FOI		SOCIAL SECURITY NO	O. 17. INI	ORMANT	WII		Address			1177	
(Ye		yes give war or dates of s	ervice)	TTlaw -		2							
	Unknown		COURS DOS	Unknown line for (a), (b), and (c	Dec	cedent					LINT	ERVAL BET	TWEEN
		WAS CAUSED BY:									10	SET AND	DEATH
	~ 1	MMEDIATE CAUSE (a)	Mass	sive gastro	intest	cional he	morrhag	je, e	tiolo	gy		l da	У
	5/8	DUE TO					undet	ermi	ned				
	Conditions, if any,	1-/											
	gave rise to immedia (e), stating the un	DIT TO											
	cause last.	lderlying (c)											
z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEATH	H BUT NOT F	ELATED TO THE TI	ERMINAL DISE	SE CONE	DITION GIV	EN IN PA	RT 1(e)   1	9. WAS A	UTOPSY
일	Cerebro	vascular a	ccide	nt with ri	oht he	minaralv	reise hr	nonch	onnail	monis	5 .	PERFC	DRMED?
2	chronic a	LCONOLISM;	myoca	rdial infa	rcblor	, histor	ical:au	ricu	làr f	ibri	11-	YES	NO 3
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING   (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY O	OCCURED. (E	nter nature of injur	ry in Perf I or P	art II of ite	m 18.)	a <b>11</b> 01	(le		
MEDICAL	20c. TIME OF INJUS	RY Month, Day, Ye	ar   20d.	INJURY OCCURRED		OF INJURY (Home		(City or to	wn)	(Co	ounty)		(State)
ă	Hour a.m.		While at wo		factory	, street, office bldg	., etc.)						
2	p.m.	19				2/16/	- 62		2/201		.60		
	21. I certify th	nal (I) (this hospi	tal) atter	ided the deceased	from	2/	102.28		2/20/				
	saw the decease	ed alive on2	/20/	1962, a	nd that d	eath occured a	atA.M, f	rom the	causes	and on	the da		
	22a. SIGNATURE	1. 1 1.	. 1			ATTENDING	MED.	\$1	TAFF			22b	SIGNEL
	l	met in	lys		M.D.	PHYS.	DIRECTOR		IYS.		2,	/20/6:	2
	22c. PHYSICIAN'S NAME (Type)	Moe We	ice	M D		22d. ADDRESS	GT	enn	Dale !	Hospi	ital		
	INAME (13be)	MOG ME	1559	M. D.			Gi	enn	Dale,	Md	LUCIL		
		DN, 235. DATE THE	REOF, /	23c. NAME OF CE	MPTERY OR	CREMATORY,			V (City, tov			/) IS	tete)
	SULLA!	Feb. 23	3-/62	MXCC	wex (	emeter	4.	Wa	Shi.		4)	10	
24	FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	4	/ 25a	REC'D BY RE	GISTRAR	25b. REC	GISTRAR'S	SIGNA	TURE	
8	FC	stello		1722 N	Cak	What DAT	E FEB 23	'62	a	Shung .	8. Kra	ud.	
				Wush	H. 6.	1							
					4								

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15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02205

1. PLACE OF DEAT										
				2.	USUAL RES		h	ved, If inst		nce before edmission  Georges
	rince Georg		MARYLA			Marylar				0
b. CITY OR TOWN write RURAL e	(if outside corporate limited give neerest town)	its,	LENGTH OF STAY	IN 1b	c. CITY OR TO	DWN (If outside		ts, writa RI	JRAL and give	nearast town)
	hever ly		13 hrs	2	15	Coral	Hilb			
d. NAME OF HOS	PITAL OR INSTITUTION	(if not in hospite	el, give street eddress	s)	d. STREET AD	DRESS				e. IS RESIDENCE
Princ	e Georges G	deneral	Hospital			5330	Q St.			YES NO
3. NAME OF DECEASED	First		Middle		Last	4. DA		Month	Day	Yeer
(Typa or print)	Margare	et	V		Cunico		ATH	Feb	20	19 68
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D/	ATE OF BIRTH		9. AGE (In		UNDER 1 YEAR	
Female	White	WIDOWED		2	Oct. 19	00	61	yrs.	lonths Deys	Hours Min.
done during most of v	ATION (Give kind of workyorking life, even if retire		OF BUSINESS OR IN		ii. Birthplace Starkv					A.
13. FATHER'S NAME				14.	MOTHER'S M	AIDEN NAME				
Dominic	k Boccac	cio			Unkn	own				
15. WAS DECEASED I	VER IN U.S. ARMED FOR	RCES?   16. SC	CIAL SECURITY NO.	17. INF				Address		
(Yes, no, or unkown)	(If yes give wer or detes of:	service)		John	unio	o-huel	hand a	e ob	0.710	
20	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO		iculm	ul		an				Lyear.
Conditions, if e gave rise to imme (a), stelling the ceuse lest.  PART II. OTH	diete ceusa		RIBUTING TO DEATH	BUT NOT RE	ELATED TO THE	TERMINAL DISI	EASE CONDITIO	ON GIVEN	I IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
(a), steting the ceuse lest.	diete ceusa underlying DUE TO (c)  EER SIGNIFICANT CONDI	ITIONS CONTR	RIBUTING TO DEATH						I IN PART 1(e)	19. WAS AUTOPSY PERFORMED? YES NO
gave rise to imme (a), stefing the ceuse lest.  PART II. OTHE CONTRIBUTION (IF EITHER, NOTILE CONTRIBUTION (IF EITHER) (IF EITHER, NOTILE CONTRIBUTION (IF EITHER)	diete ceusa underlying DUE TO (c)	ITIONS CONTR								YES NO
gave rise to imme (a), stelling the ceuse lest.  PART II. OTH	DUE TO  COLOR  WAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Day, Ye	20b. DESCR	BE HOW INJURY O	CCURED. (En		jury in Pert I or		18.)	(County)	PERFORMED?
gave rise to imme (a), steling the ceuse lest.  PART II. OTH  20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIL)  20c. TIME OF IN Hour a.m p.m  21. I certify	DUE TO  COLOR  WAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Day, Ye	20b. DESCR 20b. DESCR 2Dd. IN. While et work [	JURY OCCURRED 2 Not While at work	CCURED. (En	OF INJURY (Hos street, office bla	ne, farm, 20f.	Pert II of item 1	20	(County)	YES NO (Stata)  that (I) (we) la
gave rise to imme (a), stelling the ceuse lest.  PART II. OTH  20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIL  20c. TIME OF IN Hour a.m p.m  21. I certify saw the dece 22e. SIGNATURI	DUE TO  COLOR  WAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Day, Ye  that (I) (this hospiased alive on	20b. DESCR 20b. DESCR 20d. IN. While et work [ ital) attende	JURY OCCURRED 2 Not White at work date deceased and the decease	CCURED. (En	OF INJURY (Hos street, office bla	me, farm, 20f.	(City or town	20 auses an	(County)	YES NO (Stata)
gave rise to imme (a), stelling the ceuse lest.  PART II. OTH  20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIL  20c. TIME OF IN Hour a.m p.m  21. I certify saw the dece 22e. SIGNATURI	DUE TO  COLOR  WAS UNDERLYING CONDINE  WAS UNDERLYING CONDINE  CAUSE OF DEATH  FY MEDICAL EXAMINER)  JURY Month, Day, Ye  that (I) (this hospiased alive on	20b. DESCR 20b. DESCR 20d. IN. While et work [ ital) attende	JURY OCCURRED 2 Not White at work date deceased and the decease	CCURED. (Er	of INJURY (Hoperstreet, office blooms and occurred ATTENDING PHYS.	me, farm, 20f. dg., etc.)  MED. DIRECTO	(City or town	20 :: al Ax	(County)  Idala,  Idal	YES NO (State)  that (I) (we) laddet stated above 22b. DATE
gave rise to imme (a), stelling the ceuse lest.  PART II. OTH  20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIL  20e. TIME OF IN Hour a.m p.m  21. I certify saw the dece 22e. SIGNATUR  22c. PHYSICIAN NAME (Typ)	WAS UNDERLYING CAUSE OF DEATH TY MEDICAL EXAMINER;  JURY Month, Day, Ye that (I) (this hospiased alive on	20b. DESCR 20b. DESCR 20d. IN. While et work [ ital) attende	JURY OCCURRED 2 Not While at work deceased 19 64, and	from	of INJURY (Horistreet, office blooms of the property of the pr	me, farm, 20f. dg., etc.)  MED. DIRECTO SS 612- Cap: 23d.	(City or town  to	auses and ights	(County)  Ind on the corenue  So, Md.  or county)  Md.	PERFORMED? YES NO (Stata)  that (I) (we) la date stated above 22b. DATE SIGNE (State)

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A. E. P. P. P. P. T. N.

FOR STATE HEALTH DEPT. TO DEPUTY MED? 1. EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the cyrificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bog or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

4	MARYLAND :	STATE	DEPARTMENT	OF HEA
			a not let parce.	

ADDRESS

Manassas, Virginia

Baker & Son Funeral Home

LTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02200

02223	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH
-------	---------	-------------------	-------------	----	-------

02220		02200
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
Prince George's MARYLAND	a. STATE Maryland Princ	e George s
b. CITY OR TOWN (if outside corporala limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
cheverly D.O.A.	63 Edmonston	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
Prince George's General Hospital		YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Virginia Barcus	Dalzell Death February	9 19 69
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1	YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	April 27, 1916 45 yrs. Months	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST		ZEN OF WHAT COUNTRY?
done_during most of working lile, even if retired)		
		S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
KHYMN Barcus	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes, no, or unkown) (Ifyesgive werordetes of service)	Howard Depue Dalzell	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c);	.oward Deput Darzerr	I INTERVAL BETWEEN
DANIEL DELIVERY OF THE PARTY OF		ONSET AND DEATH
IMMEDIATE CAUSE (a) LOBAR N	EUMONIA	
DUE TO		
Conditions, if any which (b)		
gave rise to immediate cause		
(a), steting the underlying cause last.		
(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e)1 19. WAS AUTOPSY
PRART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO SCRIBE HOW INJURY DOCUMED.  PRIMARY   OF CONTRIBUTING   20b. DESCRIBE HOW INJURY DOCUMED.		PERFORMED?
S DEVERE LATTATIONS HI	COHOLISM	YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Part II of Item 18.)	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (Courtory, street, office bldg., atc.)	nty) (Steta)
at work   al work	ctory, street, office bidg., arc.,	
21. I certify that I took charge of the remains described above,	neld an Autopsy T. Inspection T. Inquiry	and in my opinion
		1
death resulted from: Natural causes , Accident , Sui	icide [, Homicide [], Undetermined manner [	
	CHIEF MEDICAL EXAMINER	
SIGNATURE SOMES 1 Zand	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	DEPUTY MEDICAL EXAMINER 2/2/62	
NAME (Type) James I. Boyd	Address (Street, city, town, or county)	
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C		(Stete)
Removal 2-3-1962	Manassas	Virginia

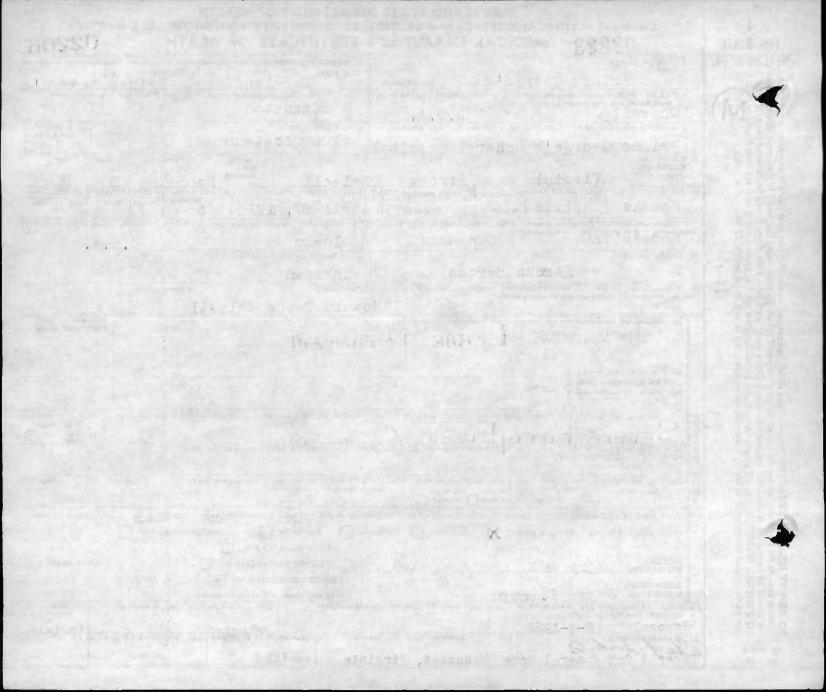
24b. REGISTRAR'S SIGNATURE

arthur S. Kreus

Manassas 240. REC'D BY REGISTRAR

DATE FEB 6

VS. A15ME 5M 9/60



VS. A15ME

5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02	2224	MEDICAL	EXAMINE	R'S C	ERTIFIC	ATE C	F DEA	HTA	02	207	,
	PLACE OF DEAT	Н				USUAL RESID	ENCE (Wha				nce before	admission)
	_	Painas	Cennael	g MARYLAN		a. STATE	T A		COUNT	~		1
	b. CITY OR TOWN	Prince	George 1	c. LENGTH OF STAY IN		CITY OF TOV	vland				nearastito	
	write RURAL en					2						
		trict			_ Ja 3			Heig	hts		10.0	ecines lae
	d. NAME OF HOSP	ITAL OR INSTIT	UTION (if not in hosp	itel, give street eddress)		d. STREET ADDR	ESS					A FARM?
	781	5 Gate	way Boul	everd	78	15 Gat	ewav	Boule	vard		YES [	NO
3.	NAME OF	0 00.00	First	Middle		Last	4. DA	TE	Month	Da	y Yac	r
	DECEASED (Type or print)	a.	loimo	Flichath		Lonim	OF DE	ATH	bassa	200	19	69
5.	SEX	16. COLOR C	R RACE 7. MARRIED	Elizabeth		Lorim E OF BIRTH	Tar		Drus	FUNDER 1 YEAR	1	62 R 24 HRS.
						_		last bi	thday)	Months Deys	Hours	Min.
	Female	Whit		WMS. In-		ember	24,18		2/13.			
	ne during most of w			ND OF BUSINESS OR IND	USTRY   11.	BIRTHPLACE (S	itata or foreig	in country)		12. CITIZEN	OF WHAT	COUNTRY?
	House			At Home		New	Jerse	V		II	S.A.	
13.	FATHER'S NAME	102 1 1 0		A TIOMO	14.	MOTHER'S MAI		J			- NA - 17-1	
		3700 0	47 3			107 4 - a la	a to la D	- 1000 100	- la			
15.	George WAS DECEASED EV			OCIAL SECURITY NO.	7. INFO	Elizab	eunk	(DITTOS	Address			
	s, no, or unkown)			OCIAL SECONITY (10.	.,				71441030			
	No			None	Fran	k Berf	ord E	vans	San		#2	
				ne for (e), (b), end (c).]							NTERVAL BE	
	PART I. DEA	TH WAS CAUSE	ED BY: AUSE (a) AC1	ite conges	tive	heart	fail	ure				0071111
	4 4		OUE TO									
	C 101 11			. 7.4 7	- 00 00		4	^				
	Conditions, if an		(b)Cai	rdiovascul	ar. I.	enar d	1 Se a S	6	-			
	(e), steting the		DUE TO									
	cause last.		(c)									
NO	PART II. OTHE	ER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH BU	T NOT REL	ATED TO THE TE	RMINAL DISE	ASE CONDIT	ON GIVE	V IN PART 1(a)	19. WAS	AUTOPSY DRMED?
ATI											YES T	NO XX
CERTIFICATION	20a. EXTERNAL C	AUSE WAS	20b. DESCRI	E HOW INJURY OCCUR	ED. (Enter r	etura of injury I	Pert I or Pert	t II of item 1B.	.)			
ERI	PRIMARY OF CO											
	20c. TIME OF INJ		Dey, Year   20d. II	NJURY OCCURRED   20e	DIACEO	INJURY (Home,	form : 206	(City or town	-1	(County)		(Stete)
MEDICAL	Hour a.m.	OKI MONIN,	While	Not Whila		reet, office bldg.		(City of low)	'/	(County)		(31616)
ME	p.m.		19 at work	at work								
	21. I certify t	that I took cl	harge of the rema	ins described above	, held a	Autopsy [	, Inspect	tion X	Inquiry	X an	d in my	pinion
	death resulted	from: Na	tural causes	Accident .	Suicide [	, Homic	ide .	Undeterm	ined ma	nner 🗍		
	CHIEF MEDICAL EXAMINER											
	ACTUAL	(kan		1 0	0		MEDICAL EXA				DATE SIG	ENED
	SIGNATURE	ACEN	res c	V L	XV-M	.D.						21422
	EXAMINER'S	//			U		ICAL EXAMIN	-		2/10	)/62	
	NAME (Type)	1	JAMES I.	BOYD, M. I	) OP CDS	Address (Str	eet, city, town		A. A.		- 15	40)
228	. BURIAL, CREMATI		12 12/0	11 1 4	- OK CKE	ATORT	1 20.0	OCATION (CI	7, 10Wn, 0	A Ma	Sia	10)
Z	Surial	12-1	3-1962	Nashmyto	7,714	honaf	1	with	ang	yna	your	rol
23	. FUNERAL DIRECTO		· 100/	DADDRESS 8	2000	248.	REC'D BY RE	GISTRAR   2	4b. REGIS	TRAR'S SIGNA	TURE	
1	iw, con	umbe	rs 60, C	werday	1,4110	ISE	1 3 '62	2	Jothua	8. Kroug		
1						. T 70%	-		The Contract of	a land		

# FOR STATE HEALTH DEPT.

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02225 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02208

HEVELIN DEL 1.	a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution; Residence Detore edimission)
7, 9g . 4i	Prince Georges MARYLAND	Maryland Prince Georges
69	b, CITY OR TOWN (if outside corporete limits,   c, LENGTH OF STAY IN 1b	Maryland Prince Georges  c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
S T NA	write RURAL end give neerest town)	C. CIT ON TO THE IT OURSES CORPORATE MINIS, WIND NOW, E and give manual many
TO SO IVI	Cheverly 2 Hours	X Upper Marlboro
dir dir	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS   e. IS RESIDENCE
B F all	Therefore a company of the company o	Box 3411 Ston Poute VESXX NO
de ne	Prince Georges Gen. Hospital	" DON OTTT DON'T HOUSE
sny fai Stai	3. NAME OF First Middle DECEASED	Last 4, DATE Month Dey Yeer OF
- 4 5 d - 1	(Type or print) ALICE LOUITSE	DIGGS DEATH Feb. 2, 1962 19
14 to 5 to 14 to 15 to 1		3. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
d d d		last birthday) Months Days Hours Min.
an a		May 15, 1896   66 yrs.   10015   10015
affe nd nd	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
s 1,	A 4º TT a mag	Maryland U. S. A.
Pin	House Wife At Home	14. MOTHER'S MAIDEN NAME
Maga Maga		
Per Per	Richard Brown	Jane Forbes
E . E . S	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown)   (If yes give were or detes of service)	INFORMANT Addressittchellville, M.
18 4 1 1 1 N		rs. Margret Blake Route #2 Box 114
ted wit an	1 18. CAUSE OF DEATH  Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
D T T T T T T T T T T T T T T T T T T T	BART I DEATH WAS CALISED BY.	ONSET AND DEATH
exiliiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	IMMEDIATE CAUSE (6) Congestive	heart failure
be and a tri	LA DUE TO	
ffic Arria	1 - 7 - 1	mt 21
of of of	Conditions, if eny, which cause (b) Coronary hea	ru disease
e si s a s	(a), sleting the underlying DUE TO	
d a d a	cause lest. (c) Cardiovascul	ar renal disease
es e	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
ati ati	Diabetes of long duration	PERFORMED?
his G Id I	E 209. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (	Enter neture of injury in Pert I or Pert II of item 18.)
Led led	PRIMARY Or CONTRIBUTING	Enter ristate of injury in Petr ( of Petr if of Helli 10.)
E ST		
hie bud		ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Wr Wr	Hour e.m. While Not While et work	tory, street, office bldg., etc.)
X 6, 4 % 9		
7 2 5 0 g	21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection . Inquiry . and in my opinion
まるの t	death resulted from: Natural causes X, Accident , Suid	cide , Homicide , Undetermined manner
B E G	A	CHIEF MEDICAL EXAMINER
DI PE	ACTUAL O	ASSISTANT MEDICAL EXAMINER DATE SIGNED
로 하는 Her J	SIGNATURE DANGE J.	M.D.
TO SE S	EXAMINER'S	DEPUTY MEDICAL EXAMINER 2/3/62
PUTY ME execute the second the form NERAL D designated	NAME (Typek James I. Boyd	Address (Street, city, town, or county)
Shou shou	228. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or country) (State)
	BURIAL 2-7-62 MT. CAR	MEL UPPER MARLBORD MD.
0 g 4 0 g	23. FUNERAL DIRECTOR ADDRESS WASH.	
VS. AISME		FFR F ICO
SM 9/60	MYRTLE K. ROLLINS 4339 HUNT,	PL. N.E. DATE FEB 5 '62 arthur & the

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# FOR STATE HEALTH DEPT.

ed for your files.

Board of Halth,

TO DEPUTY MED: \*\* EXAMINER: This certificate should be executed within 24 hours after death. If any delay is need please execute the cartificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

VS. A15ME 5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0226 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02209

1.	PLACE OF DEATH  •. COUNTY		E (Where decresed lived, If Institution:	Residence before edmission)				
		e. STATE Marv	b. COUNTY Designed	e George's				
-	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  c. LENGTH OF STAY IN 1b		outside corporate limits, wrife RURAL er					
	Riverdale D.O.A.	70 Colleg	e Park					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?				
	Leland Memorial Hospital	8707	50th., Place	YES NO				
3.	NAME OF First Middle DECEASED	Last	4. DATE Month	Dey Yeer				
	(Type or print) Olin Andrew	Dovel	DEATH February	12, 1962				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years   IF UNDER					
	Male   White   WIDOWED   DIVORCED	W 0 700	VPt.	Deys Hours Min.				
	MAIL OCCUPATION (Give kind of work lob. KIND OF BUSINESS OR INDUSTRING most of working life, even if relired)	IT BIRTHPRACE (STBIS	or foreign country)   12. Cl	TIZEN OF WHAT COUNTRY?				
100	larine Insurance Ex. Maritime Comm	mission Vi	rginia	U.S.A.				
13	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME					
	George Washington Dovel	Cora Vir	ginia Snyder					
	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 3	INFORMANT	Address					
1,,	Yes WW 1 577-26-9212 Mg	ery Dovel.	same as # 2					
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	- u		INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	estive hear	t fallure	ONSET AND DEATH				
	Acute congestive heart failure							
	Conditions, if ony, which (b) Cardiovascular renal disease							
	Conditions, if eny, which gove rise to immediate cause	sular renal	olsease					
	(e), stating the underlying DUE TO							
	cause lest. (c)							
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PAR	TT 1(e) 19. WAS AUTOPSY PERFORMED?				
Ι×				YES NO T				
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (	Enter nature of injury in Part	I or Pert II of item 18.)	X				
18	CAUSE OF DEATH.							
MEDICAL	Hour e.m. While Not While fec	CE OF INJURY (Home, ferm tory, street, office bldg., etc.)		unty) (Slete)				
1	21. I certify that I took charge of the remains described above, he	eld an Autopsy	Inspection X. Inquiry X.	and in my opinion				
	death resulted from: Natural causes K. Accident . Suice	ide . Homicide	Undetermined manner	7				
	^	CHIEF MEDICAL E	XAMINER [7]					
	ACTUAL / 9 13		CAL EXAMINER	DATE SIGNED				
	SIGNATURE James 3. 1 Jage	M.D.						
	PAMES I. BOYD, M.D.	Address (Street, c	ity, town, or county)	2/12/62				
22	BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or country	.,				
B	urial 2/12/62 Ft. Lincoln		Colmar Manor,	Md.				
1	FUNERAL DIRECTOR ADDRESS	24e. REC'	D BY REGISTRAR   246. REGISTRAR'S	SIGNATURE				
1	Francis Gasch's Sons Hyattsville, Ma	merland	sn 1 3 '62 arthur					
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VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02210 12227

1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)							
Prince George's MARYLAND	Maryland Prince George's							
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)							
Cheverly 15 days	36 Seabrook							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
Prince George's General Hospital	9603 Franklin Avenue							
3. NAME OF First Middle DECEASED (Type or print)	Lest 4. DATE Month Dey Yeer OF DEATH February 13 19 62							
Melba B.	8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	1-24-1907  See (in Yees   Forber 124 in S.    Months Deys Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired college Instructo	THE CONTRACT OF MALE CONTRACT OF WILLIAM CONTRACTOR							
13. FATHER'S NAME  J Ed Blake	14. MOTHER'S MAIDEN NAME Cora Burgess							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordelesofservice) Hos	INFORMANT Spital Records Cheverly, Md.							
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (f), and (c).)  PART I. DEATH WAS CAUSED BY:	has boris INTERVAL BETWEEN ONSET AND DEATH							
IMMEDIATE CAUSE (0) WWW TOWN								
DUE TO TARREST								
Conditions, if eny, which geve rise to immediate cause								
(e), steting the underlying DUE TO								
couse lest. (c) lind phony seincy								
PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT SOT RELATED TO THE THE MINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED?								
Jelalphon and Therenary YES NO 1								
PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enternature of injury in Pert I or Pert II of item 18.)							
Hour e.m. While Not While	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
	2/00							
21. I certify that (I) (this hospital) attended the deceased from	1/29 19.62 to 2././.3, 1960 that (I) (we) last							
saw the deceased alive on 19.00, and the	it death occured at 2,30,7 from the causes and on the date stated above.							
Foris B. Bachrach	M.D. ATTENDING MED. STAFF 226. DATE DIRECTOR DIPHYS. TEL 13-196 SIGNED							
22c. PHYSICIAN'S	22d. ADDRESS							
NAME (Type) Dr. Louis B. Bachrach	915 19th St., N.W., Washington 6, D.C.							
23e. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY								
Burial Feb 17, 1962 High Lawn Me	emorial Park Oak Hill West Virginia							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D 8Y REGISTRAR 256. REGISTRAR'S SIGNATURE							
Gasch's Sons Hyattsville,	Md. DATE FER 15 '62 Couls & House							

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY Maryland Prince George c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN (if outside corporate limits, MARYLAND Prince George's c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly D. O. A. Landover Hills certificate should be executed within 24 hours after death. If any delay is not d'pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct Examiner's Office along with form PM3. Page 5 may be retained for you be used as a burial-transit permit. File pages 1 and 2 with the State Board of nation, or removal, and in any eyent, within 72 hours after death. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Y 7108 Allison George's General Hospital Prince 3. NAME OF 4. DATE DECEASED OF DEATH February 25 1962 (Type or print) William Elliott Albert 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days WIDOWED DIVORCED 8 Male 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Clerk Appliance Indiana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William David Elliott Ann Elizabeth Talmadge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or dates of service) Ruth Elliott, same as # 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (e) DUE TO Hypertensive heart disease Conditions, if any, which (b) gave rise to immediate cause Medical Examiner's DUE TO (a), stating the underlying cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY writing the word were Chief Medical Ex Page 3 should be u PERFORMED? pe NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. age to bu 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While forwarded to the at work | et work ertificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion Natural causes Accident Suicide Undetermined manner death resulted from: Homicide please execute the 4 should be forward FUNERAL DIRI or its designated ag CHIEF MEDICAL EXAMINER TO DEPUTY MEI designated **ACTUAL** DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO 2/25/62 EXAMINER'S NAME (Type) Address (Street, city, town, or county) LOCATION (City, town, or country) 22a. BURIAL, CREMATION. 24b. REGISTRAR'S VS. A15ME Circher S. Thomas 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH

	AND STATE DEPARTMENT	OF HEALTH BALTIMORE 1, MARYLAND			
02229	CERTIFICATE OF DEA		02212		
1. PLACE OF DEATH COUNTY Prince Gentle	MARYLAND 2. USUAL RESIDEN	CE (Where deceased lived. If institution b. COUNT)	// // // // // // // // // // // // //		
b. CITY OR TOWN (If outside corporate limits, write c. LEN RURAL and give pagest town)	oth of stay in 16 c. CITY OR TOW	/N (If outside corporate limits, write	RURAL ond give nearest town)		
d. NAME OF HOSPITAL (If ag in hospitol, give street oddress) OR INSTITUTION OF PREM FOREST	Unil 10105	See Green Forul	How on a farm?  YES NO		
3. NAME OF DECEASED (Type or print) First MARY	ELIZABETH FARRO	W 4. DATE OF DEATH	Pay Year 1962		
S. SEX  6. COLOR OR RACE  WIDOWED  WIDOWED	NEVER MARRIED B. DATE OF BIRTH DIVORCED   Kareh	7, 1961 9. AGE (In year) lost birthdoy)	Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stote or foreign country)  12. CITIZEN OF Working life, even if retired)					
13. FATHER'S NAME R. Farrow	14. MOTHER'S MA	- Meyew	iski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, ex unknown) (If yes, give war ar dates of service)	SECURITY NO. 17 INFORMANT WALLEY R.	Farrow Esa	sue as #2)		
18. CAUSE OF DEATH [Enter only one couse per line for (or PART I. DEATH WAS CAUSED BY:	b), (b), and (c).] Le, Fulminating	Preimoni	INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if ony, which gove rise to immediate DUF TO	Te, i commanny				

couse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED?

cen1 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFIC 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Doy. Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while 19 ot work p. m. of work

and that death accurred 6:00 M 21. I certify that (I) (this hospital) attended the deceased fram. that (1) (wet lost M, fram the couses and on the date stated above. saw the deceosed alive on

220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. STAFF PHYS. M.D. ZZc. PHYSICIAN'S 22d. ADDRESS

NAME (Type) DATE THEREOF 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, 23Ь.

REMOVAL (Specify)

25 REGISTRAR'S SIGNATURE France

YES NO Z

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# FOR STATE HEALTH DEPT.

TO DEPUTY MED. 31, EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne please execute the Derificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02230 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02213 CE OF DEATH OUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before eco. STATE) b. COUNTY b. COUNTY

		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
		a. COUNTY Princes GOVERNMARYLAND O. STATE MIDTER D. COUNTY ( D. COUNTY )
1	1	b. CITY OR TOWN (if outside corporate limit   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares fown)
		weste RURAL and give (hearast town)
/	_	d. NAME OF HOSPITALION (if not in hospital, give street address)  d. STREET ADDRESS  1 e. IS RESIDENCE
X	,	d. NAME OF HOSPITALION INSTITUTION (if not in hospital, give streat address)  d. STREET ADDRESS  ON A FARM?
,		YES NO D
		NAME OF First A Middle Last 4. DATE Month Day Year OF C
		(Type or print) DEATH TELL 2 1962
	5.	SEX   6. COLOR OR RACE 7. MARRIED   B. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		Months Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work   IDb. KIND OF BUSINESS OR INDUSTRY   11. BIRMIPLACE (Slets or foreign country)   12. CHIZEN OF WHAT COUNTRY?
		ne pring most of working life, even if retired)
		torner general Maryland U.S. E
1	13.	FATHER'S NAME
)		John termson throng wright
	15.	WAS ECEASED EVER IN U.S. ARMED FORCES   16. SOCIAL SECURITY NO. 17. INFORMANT
	(10)	15, po yr unkown) (If yasgiva war or dates of service) 577-26-9559 Elizabeth Ferences seme as #
	1	18. CAUSE OF DEATH [Enter only one ceuse par line for (e), (b), and (c).]
		PART I. DEATH WAS CAUSED BY:
		IMMEDIATE CAUSE (a)
		DUE TO 11 PORT TO TO
		Conditions, if any, which (b) Hyperensise very clisters
		gave rise to immediate cause (e), stating the underlying DUE TO
		cause lest. (c)
)	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	CERTIFICATION	PERFORMED?  YES NO W
	5	2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert II of item 18.)
	ER	PRIMARY Or CONTRIBUTING
	1	CAUSE OF DEATH.
	MEDICAL	20c. TIME OF INJURY Month, Dey, Year   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Steta)  Hour e.m.   Whila Not While   fectory, streat, office bldg., atc.)
	WE	p.m. 19 at work to the state of
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my opinion
		death resulted from: Natural causes 7 Accident . Suicide . Homicide . Undetermined manner
		CHIEF MEDICAL EXAMINER
)		SIGNATURE SIGNATURE
		EXAMINER'S 1 DEPUTY MEDICAL EXAMINER 2 1962
		NAME (Typa) JAMES JOYA Address (Street, city, town, or county)
	22e.	BURIAL, CREMATION, 22b. DATE THEREOF 27c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stety)
	1	Burial Jan 5/19/62 St. Shomas liguasco Md. Right
	23.	FUNERAL DIRECTOR ADDRESS 240. REGISTRAR 246. REGISTRAR'S SIGNATURE
di	0	Tenral J. Kolson Co. La Mde DATE FEB 3 '62 arily & Kings
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MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH EXAMINER 2/15/62 1wk
USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) Itom 9 Film G307 1. PLACE OF DEATH b. couprince George's e. COUNTY · st Maryland rince George's MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporale timits. write RURAL and give nearest town)
Cheverly for your Board of ny delay is ne funeral direct D. Q. A. Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's 5608 29th Avenue retained he State B General Hospital YES NOX NAME OF Middla Last DATE Yeer DECEASED OF to the the JacquelineFlesher (Type or print) Lovie DEATH February 62 19 ige 5 may be rand 2 with th 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH Months and Female September WIDOWED DIVORCED [ 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foraign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? Item 18. Give Pages 1, 2, with form PM3. Page 1 pages 1 and any event, File pages 1 and n any event, within 72 h done during most of working life, avan if retired) Food West Virginia U.S.A. Waitres 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gordon Hannigan Willa Lee Turner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes giva war or detas of service) in pencil in Item 1 Office along with No Nancy Goddard. same as 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c). INTERVAL BETWEEN r's Office along v s a burial-transit p removal, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (e) DUE TO Coronary Artery Disease Conditions, if env. which (b) gave rise to immadiata cause "pending DUE TO Examiner's (e), stating the undarlying 0 be used ould be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)] 19. WAS AUTOPSY CERTIFICATION PERFORMED? writing the word 'e Chief Medical Ex Page 3 should be NO TE 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Artificate, retributed to the Ch. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20c. TIME OF INJURY Month, Day, Yaar 20f. (City or town) (County) (Stata) fectory, street, office bldg., etc.) While Not Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion please execute the certific 4 should be forwarded to 5 FUNERAL DIRECTO 7 its designated agent, p death resulted from: Natural causes x Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) ames I BOYD 22c. NAME OF CEMETERY OF XXXXXXXXX 22d. LOCATION (City, lown, or country) 22a. BURIAL, GESMANIANA REGO SEL (Specify) Bladensburg, Maryland. OH Q40 9 Fort Lincoln Cemetery Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Riverdale, Md. DARE 1 3 '62 Cinhur S. Thous SM 9/60

Eurial Feb. 14, 1962 Fest Lipsola Conerest Bladensburg, Morgland.

W. W. OHMBERS down Riverdale, M. White I was

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02232

CERTIFICATE OF DEATH 02215

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. STATE b. COUNTY
Prince Georges County MARYLAND	Maryland Prince Georges
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
Cheverly 55 days	/ La mover
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Prince Georges General Hospital	1600 Whitehouse Heights YES NO IX
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF
(Type or print) Minerva ELIZABETH	Fletcher February 18 19 62
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	6/25/92   Gest birthday)   Months   Deys   Hours   Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, eyen if retired)	Visamin U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Power	Bell. Schumate
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	NEORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordelesofservice)	Samuel Fletcher as any an ~ 2
18. CAUSE OF DEATH [Enter only one ceuse per line for (e). (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
DUE TO	
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geve rise to immediate cause	evice
(e), steting the underlying DUE TO hile to me of the	who he a neighborocolesson
couse lest. (c) DI (AT MA MALLANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
E División de la	PERFORMED? YES NO NO
200. ACCIDENT WAS UNDERLYING A 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	(Enter neture of injury in Pert I or Part II of item 18.)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m.  p.m. 19 et work et work	CE OF INJURY (Home, ferm, ory, street, office bldg., etc.) 20f. (City or town) (County) (Stete)
	12-28
	death occured at 6:550 from the causes and on the date stated above.
220. SIGNATURE	22b. DATE
I (tako Gelmin) "	D. ATTENDING MED. STAFF SIGNED DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)Dr. Ottavio Gelmi	1801 Eye St., N. W., Washington, D. C.
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 2-21-1962 Washington	
24 FUNERAL DIRECTOR'S SIGNATURE 66, Priverdale, A	nd, 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATEFEB 2 3 '62 Outlan & Kraus
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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	117777		9				10
1. PLACE OF DEATH	00000			SIDENCE (Where dacess		n: Residenc	e before admission
a. COUNTY Prin	ce Georges	MARYLAND	a. STATE	Maryland	b. COUNTY P	rince	Georges
b. CITY OR TOWN (in	if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside corporate	limits, write RURAL	and give n	reerest town)
	give nearest town) or ly	19 days	X	Cheltenham			
	TAL OR INSTITUTION (if not in		d. STREET AD	DDRESS			e. IS RESIDENCE
Prina	e Georges Gene	ral Hospital		Box 25			YES NO
3. NAME OF	First	Middle	Last	4. DATE	Month	Day	Yeer
(Type or print)	Charles	L	Foreman	OF DEATH	Feb	27	19 62
5. SEX	6. COLOR OR RACE 7. MAR	_	. DATE OF BIRTH		GE (In yeers   IF UND	ER 1 YEAR	IF UNDER 24 HRS.
Male	1176000	WED DIVORCED	8 April		t birthday) Month	s Days	Hours Min.
10a. USUAL OCCUPATI	ION (Give kind of work   1Db	. KIND OF BUSINESS OR INDUSTI		E (County & State, or fore	gn country)   12.	CITIZEN OF	F WHAT COUNTRY
	MESSENGER U	S, SUPREME CT.	INAS	SHINGTON,	D.C.	U,	, S. A.
13. FATHER'S NAME	MESSERGERE	12,001 KEITE CT.	14. MOTHER'S N				
7	FOREM	IAN	VICTO	ORIA ?			
15. WAS DECEASED EVI			INFORMANT		Address Bo	2x 2	4
(Yes, no, or unkown) (If	fyes give wer or detes of service)	M	ARY FOR	EMAN-WIFE	E CHEIT	FAILE	an MD.
18. CAUSE OF D	EATH [Enter only one cause p				CHILL	INT	ERVAL BETWEEN
PART I. DEATH	H WAS CAUSED BY:	)/			9-1-1	ON	Taayo
4-4	IMMEDIATE CAUSE (0)	Uremia					1 ways
	DUE TO	1 to 1 1	0. 1 10.	colar-renal	diagnas	7	71.6.
Conditions, if eny geve rise to immedi		reprosectione C	andio-vos	evar-rena	www		ingrown
(e), steting the un	nderlying DUE TO					- 11-1-1	
cause last.	) (c)	CONTRIBUTING TO DEATH BUT NO	OT BELATED TO THE	TERMINAL DISEASE CON	INITION GIVEN IN P	APT 1/a)   1/	9 WAS AUTOPSY
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OI KELATED TO THE	TERMINAL DISEASE COL	OHION GIVEN IN		PERFORMED?
S ACCIDENT W	AS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURE	) (Enter natura of in	niury in Part I or Pert II of	tem 18.)		113   110   12
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE NOW INJURY OCCURE	o, temer netura or n	igny in turn to to to it in or .	1011		
2Dc. TIME OF INJU		1	ACE OF INJURY (Ho tory, street, office bl		town) (	County)	(Stete)
Hour a.m.		/hile Not While work et work	lory, sireer, office bi	49.7 516.7			
	hat (I) (this hospital) at	tended the deceased from.	8 Fel	1962 10.2	7 Feb	1962-11	het (I) (we) la:
		1962, and tha					ate stated above
22a. SIGNATURE	DNO		ATTENDING	MED.	STAFF		22b. DATE SIGNE
	NI Jas	ner 1	A.D. PHYS.		PHYS.		
22c. PHYSICIAN'S NAME (Type)	Da P Sassan	N D	22d. ADDRE		rlboro.,	Ma	
	Dr. R. Sasscer				VIII ( 1 ( )		
23a. BURIAL, CREMATI REMOVAL (Specify)		23c. NAME OF CEMETERY		4 1 1 1 1 1 1 1 1	ON (City, town or co	1 a D D	VI A 11
BURIAL	3-2-60	S LINCOLN I	MEMORI		LIINU, I	MAKI	LANI
24 FUNERAL EXECTOR	e's significant	ADDRESS TH	5 E 2	5a. REC'D BY REGISTRA	25b. REGISTRAI	R'S SIGNAT	TURE
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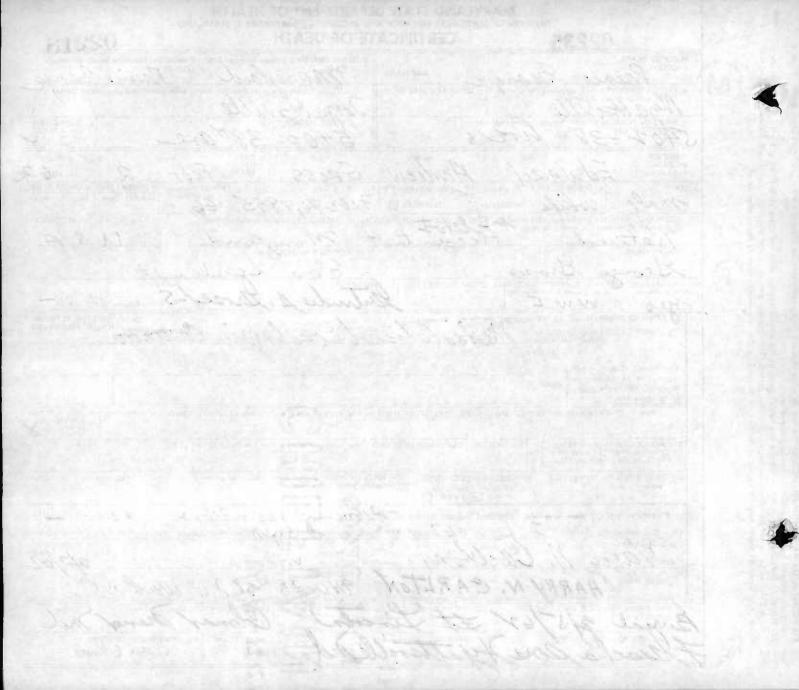
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Water Street Street				

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	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
í,	O. COUNTY Prime Serve MARYLAND	o. STATE MANISPAND b. COUNTY Previes Lene
	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN // outside corporate limits, write RURAL and give nearest town
1	RURAL and give narest town	Then the villa 61
	d. NAME OF HOSPITAL (If not in hospital, give) street oddress)	d. STREET ADDRESS e. IS RESIDENCE
	CORMISTITUTION 2021 CATE/6	5402-38thane VES 17 NO PT
	3 10 7 30	
	3. NAME OF DECEASED Middle	Lost 4. DATE Month Day Year
	(Type or print) FOWARD HNATEW	GROSS DEATH FEBT 2 196 A
1	5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   If UNDER 24 HRS.   Months   Days   Hours   Min.
	mall white WIDOWED   DIVORCED	720021,1893 66 yrs.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. CIND of BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Netired Herounter	A Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN MANE
	Henre Gross	En Scho 1+
		NFORMANT / Address
	(Yes, no, or unknown) (If yes, give war or dates of service)	Intrude A. Drose-Sames # 2 -
	18 CAUSE OF DEATH [Enter only one cause pay line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Will reprogram carrieron
	DUE TO	
	Conditions, if any, which gave rise to immediate (b)	
	couse (a), stating the under:	
	lying cause last. (c)	
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO Z
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State)
	10 Wille Holl wille	ctary, street, affice bldg., etc.)
		7./
П	21. I certify that (I) (this hospital) attended the deceased fram	
		death accurred at 3.150 from the causes and an the date stated above.
	220. SIGNATURE N /Un . 1.	ATTENDINGMEDSTAFF SUCHED
	July 11, July on	M.D. PHYS. DIRECTOR PHYS. D
	122c. PHYSICIAN'S NAME (Type) III A DRIL AL PARITAL	22d. ADDRESS
	HARNY IV. CANATON	170-25 50, NIW. WOLK DC
	230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY,	OR CREMAJORY 230 LOCATION (City, tayn, ar county) (State)
	Burnal 2/5/62 It In	colon Colman manor, mel
	24. FUMERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Telescha Core Hyalbrd	CAN DATE FEB 5 62 Outling & Travers

director, e filed with NOING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 moy be retained by Aspital ar attending physician. **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the furpage 3 should be detached for use as the burial-transit permit. Then please remave carban popers. Pages 1 and 2 should the State Board of Health priar to burial, cremotion, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTEN moy be retained by TO FUNERAL DIRECTOR: VR A15 (4) 15M 9/59



**DIVISION OF STATISTICAL RESEARCH** 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02236 PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceased lived, If Institution: Residence bafore admission) a. COUNTY b. COUNTY eon 9 PRINCE GRONGES MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and () e nearest town) c. LENGTH OF STAY IN 16 Edmons Ton F.d MONS TON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sheal address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? ave 4874 YES NO 4 3. NAME OF First Middle 4. DATE Month DECEASED PA 1962 (Type or print) DEATH 5. SEX RACE | 7. MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH NEVER MARRIED lest birthdey) and Months Deys Hours WHITE WIDOWED DIVORCED Yrs. 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? physician remove done during most of working life, even if retired) 4 5 A Lynchbung ouse wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 1 17. INFORMANT Then Address oval, (Yes, no, or unkown) | (If yes give war or dates of service) 48TH AVE no. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINO MATOSIS IMMEDIATE CAUSE (e DUE TO CANCINOMA Bronchogonic Conditions, if any, which geve rise to immediate ceusa DUE TO (a), steting the underlying ceuse lest. 事 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 30 NO Z 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I of Part II of itam 18.) 20e, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) Whila Not While Hour a.m. et work et work 7-64 19 55 10. 21. I certify that (I) (this hospital) attended the deceased from July 194.7 that (I) (we) last 1967 and that death occured at 1.5M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22e. SIGNATURE 2/4/6 2 SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. O HOSPITAL death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S 3503 Fenny 3 NAME (Type) 23a. BURIAL, CREMATION, | 23b. MOVAL Quria 25e. REC'D BY 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE arthur & Kruss

MARYLAND STATE DEPARTMENT OF HEALTH

h s T chanch by Exercise Trans M. San Hare and the san Hare 6 8 2 4 2 B Louise weeks the first sequebourg was that is with My Tenning I all de la Allenda January was the mark strong Concerns and resission Branches Councillation of the Age of the house of the first of the second 194164 Turner A Total (a September 1) See A responsible Personal Down Comen a 1504 Fewer 35 Strongwise State Everil tet 1962 It Lively Colonie March De

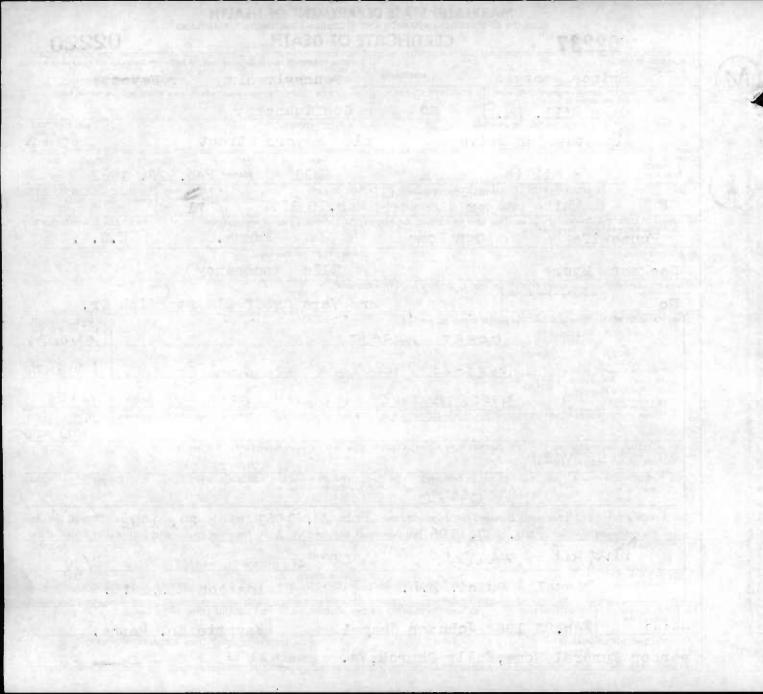
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02237

1. PLACE OF DEATH	ince Geor	ges	MARYLAN		USUAL RESIDENCE ( D. STATE Pennsy		b COUNTY	n: Residence		ion)		
b. CITY OR TOWN RURAL and give	(If outside corporate limit	its, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	on Hill.	Md.	3 mo		Confluer	nce		73	5x 3			
A NAME OF HOSP	2 Standis	sive street	ive	61	d. STREET ADDRESS.  3 Meye:	rs Str	eet			FARM?		
3. NAME OF DECEASED (Type or print)	Mill	rst	Middle M		Lost Hall	4. DATE OF DEATH	Feb. 2		/	Yeor 19		
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. D/	ATE OF BIRTH	VAC III	9. AGE (In years tost harthdoy)					
F	White	WIDOW	ED DIVORCED	] M	ar.18 18	390	71 yrs.	Months [	Days Hours	Min.		
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  Own Home						Penns			S.A.	OUNTRY		
13. FATHER'S NAME				14	. MOTHER'S MAIDE							
Jackson	Myers				Ella	Woodna	incy					
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR	MANT		Addr	ess				
No				Mr	s Vera G	roff 2	212 Stan	dish	Dr.			
Conditions, if gove rise to couse (o), stoting lying couse lost	immediate DUE TO	), CE			LAR A			SEAJE	MI IN	enth		
CATIC		IDITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV		1(o) 19. WAS PERFO			
G (IF EITHER, NOTIF	AS UNDERLYING A GAUSE OF DEATH Y MEDICAL EXAMINER)		SCRIBE HOW INJURY OCC							16.		
20c. TIME OF INJU Hour o. m.	10	While			OF INJURY (Home, f street, office bldg.,		y or town)	(0)	ounty)	(Stote		
saw the deced	ased alive an Fe	b	ded the deceased fro 20, 191962 and th	amE	ab_28,1 h accurred at	M, fram	the causes an	1-982- d an the	date stated	(we) last d abave		
22c. PHYStCIAN'S	niquel &	1,12	uszi i	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		2/20	SIGNED		
NAME (Type)	Miguel	A H <sub>1</sub>	nici, M.D.			ivings	ston Rd.	, S.I	E.			
23a. BURIAL, CREMATI REMOVAL (Specif	Peb. 23		23c. NAME OF CEMETE  Johnson (			909	TION (City, town, o		(Sto	te)		
24. FUNERAL DIRECTO			ADDRESS			EC'D BY REGIS		STRAR'S SIG				
Pearson I	Tuneral Ho	ome,	Falls Churc	ch, V	a. DATE	EB 21 '62	2 Chill	w 8. 70	inus			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter may be retained by Caspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fippage 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shaulthe State Board at Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59



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#### MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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8	)	2	3	8			CE	RT	IFI	C	A	ŢΞ	(	F	D	E	A	T	H

UZZ38	CERTIFICATE	OF DEATE			
1. PLACE OF DEATH	11.	2. USUAL RESIDEN			sidence before admission)
Prince George	MARYLAND	a. STATE	ь	. COUNTY	
b. CITY OR TOWN (if oulside corporale limits,	e. LENGTH OF STAY IN 1b	c. CITY OR TOWN (	If outside corporata limi	ils, write RURAL end	give neerest town)
write RURAL and give neerest town) Hvattsville	4vrs.10mos.	Was	shington,	D.C.	117 V - 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS	3111116 0011	D. 0.	I . IS RESIDENCE
Sacred Heart Home		4207 El:	licott St	reet, NW	YES NO
3. NAME OF DECEASED (Type or print) Katherine	Middle He	nlon	4. DATE OF DEATH Fe	Month bruary 2	Dey Year 19 62
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (I	n years   IF UNDER 1 Y	
Female White WIDO		Oct. 18,18'	79 82 last birt	yrs. Months D	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	ity & State, or foreign o	ountry)   12. CITIZ	EN OF WHAT COUNTRY?
Housewife	THE PERSON NAMED IN	Waxford (	Co. Mrela	nd U	ISA
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN			
James Doyle		Marga	ret Foley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown)   (Ifyes give war or dates of service)	6. SOCIAL SECURITY NO. 17. IN			Address	
No	None S	acred Hear	rt Home R	ecords-#	l abv
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	er lina for (a), (b), and (c).) teriosclerotic	Heart Di	sease		ONSET AND DEATH
Conditions, if any, which (b)					
gava risa to immediata causa (a), steting the underlying DUE TO					
causa test.					
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	DESCRIBE HOW INJURY OCCURED. (	Enter neture of injury in	Pert I or Pert II of item	18.)	
Hour a.m.		OF INJURY (Home, farm, street, office bldg., etc		) (Count	ty) (State)
21. I certify that (I) (INX NOTATION att	ended the deceased from 2 1962 19, and that c	/19/1950- LT: leath occured at	190 A M	auses and on th	, that (I) (XX) las
Thomas Flalle	M.D	ATTENDING	MED. STAF	2/22	2/1962 DATE
22c. PHYSICIAN'S NAME (Type) Thomas F. Co	llins, M.D.	322-H.St	.N.E Wa	ish.2,D.	С.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION	City, town or county)	(Stete)
REMOVAL (Specify) 2/24/62	Mt.Olivet		Washing	ton, D.C.	
24 FUNERAL DIRECTOR'S SIGNATURE	1 1 ADDRESS		C'D BY REGISTRAR 2		
Jas. T. Ryan, Inc.	317 Pa.Ave.	,SE DATE F	EB 2 6 '62	anthun &.	Floria

TO HOSPITAL OF STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

Royseville

AC 14 AC 231

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Ayra. 10sos. Washington, D.C.

TROY Ellioott Street, IW

Tarlon February 22

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Arter acceptance description is the series

2961/22/2 -9561/61/2 2961/12/2

3382 3313

Trongs T. Collins, M.D. 922-H.Sb.H.E.- Vana. Z.D.C.

devil, 51. 10. 10. 10. 10. 10. 10. Mashalanekon, U. O. Jas.T.Bran, Inc. 917 Pa.Ave., 35

## FOR STATE HEALTH DEPT.

TO DEPUTY ME AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is accession, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral dire, page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Phenith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hope they death.

VS. A15ME 5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12239 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- 12a	7 10 0 0								UK	ACC.	
1. PLACE OF DEATH							ceesed lived, If			ence before	edmission.
	rince Geor	ge	8 MARYLAND		Maryl		b. cou			Geor	0
b. CITY OR TOWN (i	f outside corporete limits, give necrest town)		c. LENGTH OF STAY IN 18				orete limits, write	RURAL	and give	e neerest lov	wn)
	sparg		15 yrs		densi	ourg	40				
	TAL OR INSTITUTION (if n	ol in hos	pital, give street eddress)		T ADDRESS		1				A FARM
	rd Avenue			410	5 531	rd Ave	nue			YES	
3. NAME OF DECEASED (Type or print)	Ida		Middle Karlstad	Harley		4. DATE OF DEATH	Febru				
5. SEX	6. COLOR OR RACE 7.	MARRIE	D NEVER MARRIED	8. DATE OF BI	RTH	9.	AGE (In years last birthday)	IF UNDE	R 1 YEAR	-	
Female		VIDOWE	DIVORCED [	Feb.	14,	1895	67 yrs.	Months	Deys	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired)	10b. KI	ND OF BUSINESS OR INDUS	TRY 11. BIRTHE	PLACE (State	or foreign cou	ntry)	12. 0	ITIZEN	OF WHAT	COUNTRY
Salesla		Re	tired	S	outh	Dakot	a	U	.S.	Α.	
13. FATHER'S NAME				14. MOTHE	R'S MAIDEN	NAME					
	M. Karlsta			Re	gina	Hoff					
	R IN U.S. ARMED FORCES		SOCIAL SECURITY NO. 17.	INFORMAN'	F		Address			7	
no				Donald	Char	shee,	same a	as #	12		
	EATH [Enter only one ca	الاموجوا	ne for (e), (b), end (c).]								
	WAS CAUSED BY:	TU	ELONEPHR	1715					0	MAEL AND	DEATH
60	O O DUE TO	7									
Conditions, if eny	[0]										
geve rise to Immedia (e), steting the ur	DITE TO										
cause last.	(c)										
PART II. OTHER	SIGNIFICANT CONDITIO	NS CON	TRIBUTING TO DEATH BUT !	NOT RELATED TO	THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PA	RT 1(e)		
PART II. OTHER	4 TNFILT	CAT	ion LIVE	e							
E 20a. EXTERNAL CA	USE WAS 20b.	DESCRI	BE HOW JNJURY OCCURED.		Injury In Per	t I or Pert II of	item 18.)			4545	
	NIKIBUTING []										
20c. TIME OF INJUI	RY Month, Dey, Year			LACE OF INJURY			or lown)	(Co	ounty)		(Stete)
Hour e.m.	19	While		actory, street, offic	ce bldg., etc	.1					
		he rem	ains described above, l	held an Autor	osy 😿 ,	Inspection	y Inquir	y <b>'%</b> '	and	in my o	pinion
death resulted for		-			Homicide			Lake of	_		
	Λ	24			F MEDICAL						
ACTUAL SIGNATURE	James	2	). 130gg	M.D.		ICAL EXAMINE	Address  Same as \$2  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  ONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES XX NO •  Inquiry X, and in my opinion etermined manner   DATE SIGNED  ON (City, town, or country) (Siete)  ON (City, town, or country) (Siete)  ngton, Va.				
EXAMINER'S NAME (Type)	James I.	Bo		Add		L EXAMINER	7. 6	b.	Dey Year 17 19 62 RIYEAR IF UNDER 24 HRS. Deys Hours Min. ITIZEN OF WHAT COUNTRY S.A.  2 INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET SIGNED TO THE SIGNED 17, 1962 Ya. (Stete) Va.		
22e. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATI	ON (City, town,	or count	ry)	(Stet	(e)
Buriai	2/21/62		Arlington N	<b>Tational</b>		Arli	ngton,			Va.	
23. FUNERAL DIRECTOR			ADDRESS			'D BY REGISTR	AR   24b. REGI	STRAR'S	SIGNAT	TURE	7
Francis Ga	asch's Sons	H	vattsville. M	arvland	DATE F	EB 2 0 '6	2 (	when !	8. 74	initile	

Felt de Reargola ...

50

Lastedan contest to bug Lycoll

3 W as meline , early telling Lance

Served Committee Committee

E cancia Carechio bond, Byattavilla, Maryinda and Francis W. Jan

L. EXAMINER. This certificate should be executed within 24 hours after death. If any delay is naces shry TO DEPUTY MER

# FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02240 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02223

LI I.	e. COUNTY	2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before edmission)
	June Georges MARYLAND	o. STATE mareland b. COUNT Prency Corses
M	b. CITY OR TOWN (if outside corporate lifeits, ) write RURAL and give meetest lows)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Mearest town)
	Heleros & Heights 2 month	Il Hillers & Height
- Y.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
3/	2525 Colepronhe Lerve	2525 Colebrooke Dreviers NO NO
1	3. NAME OF DECEASED First Middle	Last   4. DATE Month Day Year
	(Type or print) Danes Bartle	ett Harrell DEATH Fish 17 1962
	5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
١	hale while widowed DIVORCED	Loc 15, 1961 lest birthday) Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Lime	Westruct of Colembia h 5 a
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME D
	Harden te May Marrell	Marelin Shennard
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. (Yes, no, or unkown)   (Ifyesgivawerordetesofservice)	INFORMANT Address
	none none m	is morelyn A. Havell, some ast 2
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6)	ofmeren our
	DUE TO	
	Conditions, if eny, which (b)	
	gave rise to immediate cause (e), stating the underlying  DUE TO	
	cause last. (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1		YES NO NO
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED.	(Enter nature of Injury In Pert I or Pert II of item 18.)
Н		
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	p.m. 19 et work et work	
	21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes Accident . Suid	cide
1		CHIEF MEDICAL EXAMINER
	SIGNATURE James J. Joyl	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
)	EXAMINED'S	DEPUTY MEDICAL EXAMINER 7 /17 /1 3
0	NAME (Type) JAMES 1	Address (Street, city, town, or county)
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF COMETERY O	R CREMATORY 22d. LOCATION (City, town, or country) (State)
	23. FUNERAL DIRECTOR ADDRESS ADDRESS	n late arlengton la
	23. FURIERAL DIRECTOR  ADDRESS  1661-GOOD Hope	PASE 240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
	Semmens / Trus. WH Sh 20	DATE FER 1 9 62 Carling S. Thomas
	9 ////////////	

A Tradition () Constitution of the second don the Kennell mareline Lawrence Secretary and all states and a second a second and a second a second and a second a second and a second and a second and a

VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

02241 **CERTIFICATE OF DEATH** 

02224

1. PLACE OF DEATH o. COUNTY	Prince Georg	ges MARYLAND	O STATE		ion: Residence before admission) Highlands				
RIJRAL and give n	(If outside corporate limits, wheavest town) Force Base	c. LENGTH OF STAY IN 16	T 1 70	outside corporote limits, write l	RURAL and give nearest town)				
d. NAME OF HOSPI OR INSTITUTION USAF Hospi	tal, Andrews	AF Base	d. STREET ADDRESS Route 1, Bo	d. STREET ADDRESS Route 1, Box 354					
3. NAME OF DECEASED (Type or print)	<b>ELEANOR</b>	Middle ELIZABETH	HARR IS	4. DATE Mod OF DEATH Februs					
5. SEX Female	Comparison	MARRIED NEVER MARRIED DIVORCED DIVORCED	6 April 1894	9. AGE (In years lost birthdoy) 07 yrs.	Months Days Hours Min.				
10a. USUAL OCCUPATI during most of wor House	ON (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR IND	New York		12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Wayne Pin	kerton		14. MOTHER'S MAIDEN  Mary Lee	NAME					
1S. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Wayne P. Litz		dress				
Conditions, if a gove rise to couse (o), stoting lying couse lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  DONY, which immediate the under-	per line for (g), (b), ond (c).]  Gerdiovasco  Superior V  Mediastiral Me	dar Colla ena Cava polaria - po	Obstruction ossibly meta	JUNE 196				
CATIC	NONE	ONS CONTRIBUTING TO DEATH B	/		VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO				
OR CONTRIBUTING	G CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	KED. (Enter notice of injury in	ron for ron it of item is.					
20c. TIME OF INJU Hour o. m. p. m.	V		PLACE OF INJURY (Home, for foctory, street, office bldg., et		(County) (Stote)				
	K. Kare		M.D. ATTENDING PHYS. 22d. ADDRESS		FEB1962 that (I) (we) last nd an the date stated abave.  22b. DATE SIGNED  AFB				
23a. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THEREOF 27 7EB.1961	23c. NAME OF CEMETERY LAKE PLACES	/ "	23d. LOCATION SCITY, town,	or county) (Stote) FLORIDA				
24. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE				

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BERTALL BASTORN SELLEN

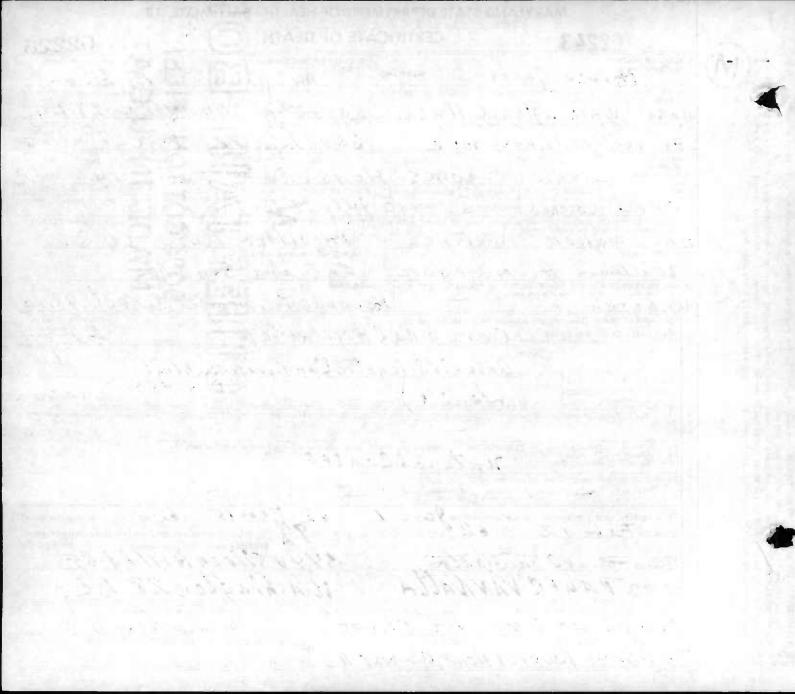
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02242 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY Prince George! Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) is n. direct for yo Hillside Oakland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 6301 Marlboro Pike S.E. YES NO 3. NAME OF Middle Last 4. DATE Month Dev DECEASED OF (Type or print) Richard Newton DEATH February 62 Haves 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years ) IF UNDER 1 YEAR IF UNDER 24 HRS. may last birthday) Months Male WIDOWED DIVORCED TO 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland Carpenter Construction U.S.A. pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Newton Hayes W Hagan Marion 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 2209 Jamerson St. Hillcrest Hghts, Md. 574-03200 Esther Richardson 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Shook IMMEDIATE CAUSE (e) " in pencil Office alor DUE TO burial Universal Burns of the body geve rise to immediate cause Ø DUE TO (e), sleting the underlying 0 cause last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PERFORMED? NO TO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING CAUSE OF DEATH. Living in an abandoned bus that caught on fire rifficate, to the Ch. 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) Month, Day, Year (County) (State) 19 62 of work Dakland Pr. Geo. et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K. Inquiry X and in my opinion please execute the Cariffic I should be forwarded to PUNERAL DIRECTO It its designated agent, p death resulted from: Natural causes Accident XX Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER Feb. 17, 1962 EXAMINER'S NAME (Type) ames Address (Street, city, town, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22e. BURIAL, CREMATION, 22d\_LOCATION (City, lown, or country) REMOVAL (Specify) 040 p REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60

Item 20 Film 307 2-26 62 pg

75.350 Prince becamen Alexander Light of Land Revenue 67 -. A.S. II Done to the State of the Control of the State o reast W northed the Reyes solder breast 

CERTIFICATE OF DEATH 02243 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY~ o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, while c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If Autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 1N910 NW the IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street oddress) ON A FARM? OR INSTITUTION YES NO IN INCE NAME OF 4. DATE Middle Month Day Year DECEASED OF DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days DIVORCED [ WIDOWED K 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? pup BRESS Maken carbon ofter 13. FATHER'S NAME 5 certificate physici mave hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN1 72 attending un eose death INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 0 PART 1. DEATH WAS CAUSED BY: anterio Scherotic CardioVascalax Renal px Conditions, if ony, which has been signed gove rise to immediate DUE TO cause (o), stoting the underlying couse last burial-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.) certificote (IF EITHER, NOTIFY MEDICAL EXAMINER) SD MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) a. m Not while of work at wark 21. I certify that I attended the deceased fram 19 that I last saw the deceased that death accurred M, fram the causes and an the date stated above. DATE SIGNED FUNERAL DIRECT ACTUAL prior 3 should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) page REBOVAL (Specify) -62 10 **ADDRESS** 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



e funeral 2 should TO HOSPITAL OF ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ma retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

1

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02227

2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)
Maryland Prince George's
c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)
College Park 69
d. STREET ADDRESS  o. IS RESIDEN  ON A FARM
9744 52nd Avenue YES NO
Last 4. DATE Month Dey Year OF
olcombe DEATH Feb. 8 1962
B. DATE OF BIRTH  O C + 10 1921  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR  Months   Devs   Hours   Min.
Octio, 1921 Last Diffragy Months Deys Hours Min.
11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTY  G. C. O. r. 9 1 9  U.S.A
14. MOTHER'S MAIDEN NAME Belle Ridings
informant 15. houise Holcombe (sain
INTERVAL BETWEEN ONSET AND DEATH,
E hurigh
- Wilson Visiase 5 years
ellitus 20 year
OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
). (Enter nature of injury in Pert I or Part II of Item 18.)
ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
death occured at!!:
ATTENDING MED. STAFF SIGN
4500 College Ave, College PARK
OR CREMATORY 23d. LOCATION (City, town or county) (Stete)  Georgia
EED AAA

18.1 310 00 00 0 side se SCHOOL PURE STATE 01650 0.0 Part 300 May Ville Gerran & Carl Holesman LuluBelle Tidents Mis house Helicante leaning The second secon . thech's done systematic, in.

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

<b></b> 0	2245	т.	CERTIFICAT	E OF DEATH	) )		(	1222	28_
1. PLACE OF DEA	тн			2. USUAL RESIDE	CE (Where de	b. COU		nca before	dmission)
979	rince George	98	MARYLAND		rland	B. COU	Prince	Georg	es
	(if outside corporete lim	nits,	c. LENGTH OF STAY IN 18	c. CITY OR TOWN	(If outside corp	orate limits, writ	e RURAL end give	neerest tow	(n)
	hever ly		2 days		E River	rdale			
d. NAME OF HOS	PITAL OR INSTITUTION	(if not In hospit	el, give street eddress)	d. STREET ADDRESS					ESIDENCE A FARM?
	Georges Gen	eral Ho	spital	6215		t Place		YES _	NO 🗌
3. NAME OF DECEASED	Firs	1	Middle	Last	4. DATE OF	Mont	h De	y Yea	,
(Type or print)	Paul			Holeva	DEATH	Fet		19	62
5. SEX	6. COLOR OR RACI	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		. AGE (In yeers last birthdey)	Months   Deys	Hours	24 HRS.
Male	White	WIDOWED	DIVORCED _	29 Sept./	1877	85 yrs.	7710111115	1100.2	
	ATION (Give kind of wor working life, evan if retir		O OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	inty & Stete, or	foreign country)	12. CITIZEN	OF WHAT	OUNTRY
	ired		nknown	Unknov	vn				
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
Unkn	own			Unknow	'n				
	EVER IN U.S. ARMED FO (If yes give were released	ii		INFORMANT		Address			
Unknown	(ii ) asgrio word actord	T	Jnknown F	Iospital Reco	rdson	Chev	erly, M	$\mathbf{d}_{\overline{3}}$ .	
	DEATH [Enter only on	e cause per line	- 4	2=02 -1	2	1		NTERVAL BE	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0	)	congestion	e that	pai	Con	1	7,10	
143	O O DUE TO	(	1, 0	-	110 -	a D			
Conditions, if e	ny, which ) (b	, 4	recoisil	evolve,	xery	pro	carl		1
geva rise to imme	DITE YO	0	8 / ^	1 0	1.	1			1
couse last.	diddifying (c	7	Theray-	321 0	yeu	254	ewn		
PART II. OTH	HER SIGNIFICANT COND	ITIONS CONTI	RIBUTING TO DEATH BUT	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GI	VEN IN PART 1(0)	19. WAS A	AUTOPSY DRMED?
PART II. OTH								YES	NO I
200. ACCIDENT	WAS UNDERLYING A		RIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	Pert I or Part I	l of item 1B.)			
(IF EITHER, NOTI	FY MEDICAL EXAMINER	)							
20c. TIME OF IN				LACE OF INJURY (Home, fa		y or town)	(County)		(Steta)
Hour a.m		While at work	1401 44 11110	actory, street, office blug., et	1				
		ital) attende	ed the deceased from	n2-22	19.62 to	2-24	. 1962	that (I)	(we) las
				at death occured at.					
228. SIGNAJUR		0	, and						. DATE
0 5	m m	· ma	adum	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.			SIGNED
22c. PHYSICIAN		F	_ /	22d. ADDRESS					
NAME (Ty		darang	U	Prince Ge	orge's	General	Hosp. C	hever	ly Mo
23a. BURIAL, CREMA		EREOF	23c. NAME OF CEMETER			ATION (City, to			toto)
Burial (Speci	2/28/67		Ft. Lincoln	Camatary	Colm	ar Maner	Md		
24 FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS		EC'D BY REGIS		GISTRAR'S SIGN		
F. Gasch'	s Sons Hy	attsvil	lle, Md.	DATE	MAR 1	'62	wither S. F	Times	

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85330 paymen senior and before etablevi F 5784 18 3ab Capital Said Faich factured facility or said south - 38 P162 . ### 85 Udanown Heapith Description Share Pyrich. company that forward Quintelle the Mark America of her with the property Commenter of the street of the jackhood . T. mi .b. . r revent . . one l la remo a lagracal con est trial C/2/21 telecologicome et love de la reservation de la reserv As Mr. Paul Haleva had no living relatives and a friend Mr. Alexander Hamilton assumed responsibility for the funeral we were unable to gather any further information for the death certificate

teletives and a friend her. Alexander Damilton
assumed responsibility for the fundred we were
unable to gather my further information for
the Seath certificate

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ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the pospital or attending physician.

2 FUNERAL DIRECTON: After this certificate has been signed by the attending physician and completely filled in by the fup page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAI

BALTIMORE 1, MARYLAND

ATH

(Stote)

Chrima S. Kraus

02246	CERTIFICATE OF D				
PLACE OF DEATH  o. COUNTY  PRINCE GEORGES	MARYLAND	2. USUAL RESIDEN O. STATE DISTR			
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOV			

MCE (Where deceased lived. If institution: Residence before admission)

	. COUNTY				A DVI AND	10.	STATE		b. COUNTY	10			
	PRINCE	GEORGES		M	ARYLAND	MA	DISTRIC	T OF CO	DLUMBIA )	1010		TOAR	100 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	ANDREWS	AIR FORCE	BASE	1 DAY		115	WASHING	TON					
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d.	STREET ADDRESS				1		FARM?
	US AIR	FORCE HOSP	ITAL				5203 25	TH AVE	NUE SE			AE2	NO 🔀
-	NAME OF DECEASED (Type or print)	HARROLD	st	LUTHER	iddle	HOT	Last TMANN	4. DATE OF DEAT	Mo		Day	,	Yeor
_			-					1 324	FEDRU	1	6		19 62 R 24 HRS.
5. 3	SEX	6. COLOR OR RACE	/- MARR	ED NEVER MA	ARRIED	B. DATE	OF BIRTH		9. AGE (In years lost birthdoy)	Months	Days	Hours	Min.
	MALE	CAUCASIAN			ORCED 🗌	-	SEPTEMBE	R 1920	41 yrs				
0a		N (Give kind of work of ing life, even if retired		KIND OF BUSINE	SS OR INDU	ISTRY 11	. BIRTHPLACE (S	tote or foreign	country)	12. CI1	IZEN OF	WHATC	OUNTRY?
	OFFICER	ing ine, even ir renred	U	S AIR FO	RCE	(	OKLAHOMA			UN	ITED	STA	TES
3.	FATHER'S NAME	- 0				14. A	NOTHER'S MAIDE	EN NAME					
	6	Manor	m-			KA	ATHRYN M	ARIE					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY	NO. 17. II	NFORMA	ANT		Ad	dress			
(Ye:		If yes, give wor or dates of s		10 16 01	10 D	Mar	- 1 22 81 00 1	2	0.00				
	YES	1943-PRESE	NT 4	42-16-34	13 /	6163	ONNEL	Keco	RUS				
	18. CAUSE OF DEAT	TH [Enter only one co	use per lir	e for (o), (b), ond	(c).]						INTE	RVAL BE	DEATH
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	HEMO	RRHAGIC	DIATHE	ESIS	B-1000				2	O HO	URS
	00	DUE TO											
	Conditions, if on	y which )	CHRO	NIC DECO	MPENSA	ATED	LIVER D	ISEASE			U	NKNO	WN
	gove rise to in	nmediate	)										
	couse (o), stoting t	he under- DUE TO											
	lying couse lost.	) (c	-										
NO.	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT	T NOT RE	ELATED TO THE T	ERMINAL DISEA	ASE CONDITION G	IVEN IN PA	RT 1(o) 1	PERFO	RMEDY
8							3.00					YES X	NO 🗌
E	20a. ACCIDENT WA		20b. DES	RIBE HOW INJUI	RY OCCURRE	ED. (Ente	r nature of injury	in Port I or P	ort II of item 1B.)				
CE S	(IF EITHER, NOTIFY	CAUSE OF DEATH											
AL	20c. TIME OF INJURY	Y Month, Doy, Ye	25 204 18	JURY OCCURRED	20e PI	IACE OF	INJURY (Home,	form   206 (C	ity or town)		(County)	-	(Stote)
EDIC	Hour o. m.	Monin, Doy, 16	While	Not while			reet, office bldg.,		ily or lowil)		(County)		(21016)
ME	7 p. m.	19		ot work									
	21/1 certify that	t (I) ( <b>04C3XD6XCALK</b> )	<b>K</b> attend	ed the decea	sed fram.	5 F	EBRUARY	19 62 , ta	6 FEBRUA	BY, 19_	62, th	at (I) (	XX) last
	law the decease	ed alive an 6 P.	EBRUA	RY 19 62	and that	death (	accurred at6	P M from	n the causes a	nd an th	e date	stated	abave.
	220. SIGNATURE	7//	11		and mar	a saint	oscorred or_		000000 0		- 0010		b. DATE
	DAMA	20 11	1 m	17/4/			TTENDING	MED.	STAFF				SIGNED
	6 00014	7,1					HYS.	DIRECTOR	PHYS.		6	FEB	62_
	22c. PAYSICIAN'S NAME (Type)			DO UNIO			2d. ADDRESS						
	(.,,,,,,	BEDNADD E	CT OLID	IIC Cant	TICAR	MC	IICAE HO	TATTOD	PLITAGINA	ATD	EUD C.	FRA	CT M

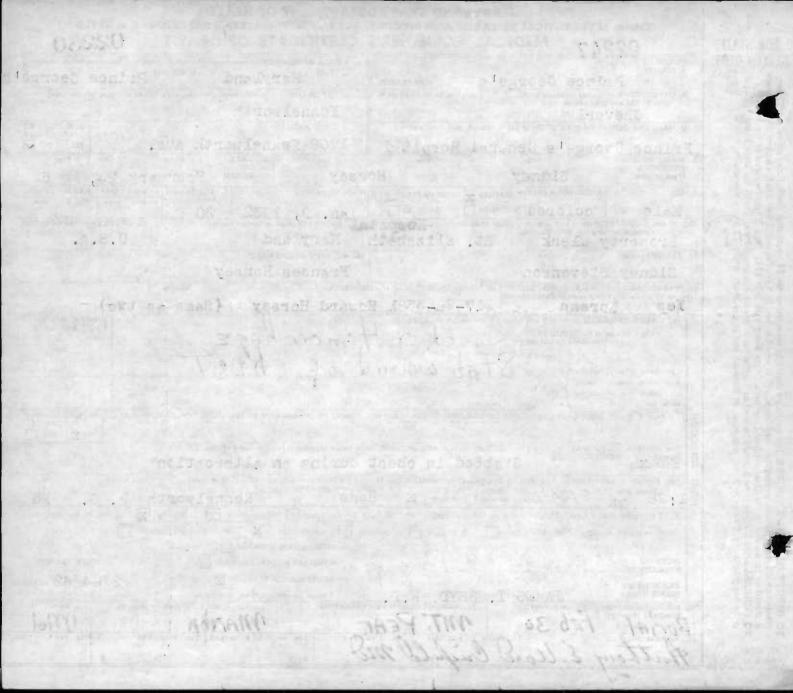
23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 24. FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR

TO HOSPITAL OR ATTEN may be retained by ! VR A15 (4) 1SM 9/59

EXPENSE SAMERAN TOTAL STATE OF THE THOUSE STRUCK THE STRUCK STRUCKS STRUCKS Related A Classical State of the Carting SCHMAND F CLORUDS, Cape USAR HIT THAY HISPITAL, ANDERS AIR SUICE HIST,

PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution; Residence before edmission) a. COUNTY Prince George's rince George's MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest lown) 3 Kennel worth Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1708 Kennelworth Prince George's General
3. NAME OF First YES T NO Hospital DECEASED Horsey (Typa or print) Sidney DEATH February 19 6. COLOR OR RACE 7. MARRIED WEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. 2 with last birthday) pue colored WIDOWED DIVORCED T PM3. Page 5 n pages Tand 2 within 72 hau 106. KIND OF BUSINES OR TOUSTEN 11. 12. CITIZEN OF WHAT COUNTRY? Property Clerk U.S.A. Elizabeth Maryland PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Frances Horsey Sidney Stevenson File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [(Ifyasgivawarordetasofservica) Howard Horsey (Same as two) 18. CAUSE OF DEATH [Enter only one cause par like for (e), (b, and (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) pencil burial-tra Office gave rise to immediate cause 10 DUE TO (e), stating the underlying pesn nould be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE ON DEATH. Stabbed in chest during an altercation 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (Stata) factory, street, office bldg., etc.) Not While Kennelworth at work Inspection X, 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry X and in my opinion O please execute theresitificates the should be forwarded to prover the place of place of the should be supported to the support of the support DIRECT death resulted from: Suicide Homicide X Undetermined manner Natural causes Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY DEPUTY MEDICAL EXAMINER NAME (Typa) Addrass (Street, city, town, or county) 220. BURIAL, CREMATION, /225, DATE THEREO 22d. LOCATION (City, town, or country) (State) 240 g 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



VR A1S (4) 1SM 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

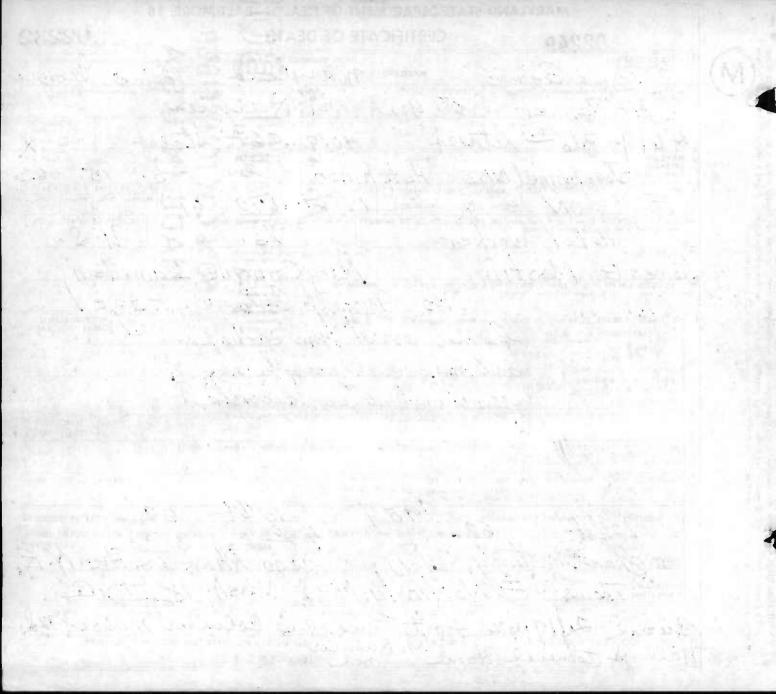
CERTIFICATE OF DEATH

	0.6648					C	MAGO	
1. PLACE OF DEAT			2. USUAL RESIDEN	ICE (Where dec				dmission
e. COUNTY	e George's	MARYLAND	Marylan	a	Prince	Georg	rate	
	(it outside corporate timits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN					n)
Chever	nd give neerest town)	1 day	7/) College					
d. NAME OF HOSE	PITAL OR INSTITUTION (if not in I	hospital, give street address)	d. STREET ADDRESS			-	e. IS RE	
Prince	e George's Gener	al Hospital	9027 49	th Place	9			NO X
NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Da	ay Year	
(Type or print)	HERMAN	R.	HUNT	DEATH	Februar	ry 19	19	62
. SEX	6. COLOR OR RACE 7. MAR	RIED K NEVER MARRIED   B	DATE OF BIRTH	9.	AGE (In yeers   IF	UNDER 1 YEA	R IF UNDER	24 HRS.
Male	White WIDON		2-26-78	9161	83 yrs.	lonths Deys	s Hours	Min.
lone during most of v Ret. Engir	varking life, even if retired)	KIND OF BUSINESS OR INDUSTR  J.S. Government		nty & Stete, or fo	preign country)	U. S	. A.	OUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN					
Josiah	A. Hunt		Jul	lia Reyr	olds			
		6. SOCIAL SECURITY NO.   17. I	NFORMANT		Address			
Yes, no, or unkown)	(If yes give wer or detes of service)	M	Irs. Cora G	. Hunt	Same as	5 #2 (	Wife)	
Conditions, if er	DUE TO	Mesertenic 7		ounps	uTe		1241	
(e), steting the cause lest.	underlying DUE TO (c)							
2	IER SIGNIFICANT CONDITIONS C					IN PART 1(e)	PERFO	NO
OR CONTRIBUTION  (IF EITHER, NOTIF	WAS UNDERLYING [] 20b. D G [] CAUSE OF DEATH FY MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert t or Pert II o	of item 18.)			
20c. TIME OF IN. Hour a.m.	. WI		CE OF INJURY (Home, far ory, street, office bldg., etc		or town)	(County)	(	(Slete)
	that (I) (this hospital) attended alive on	10 1.2	death occured at	13	Teb 19 the causes an		date stated	above
220. SIGNATURE	mm & sull	Comme "	.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Z	119/62	SIGNE
22c. PHYSICIAN' NAME (Typ		DONAT Come	22d. ADDRESS P2	nny 51	MTRA	inie	n md	L
3a. BURIAL, CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, town	or county)	(St	ate)
Burial Specif	2/22/62	Ft. Lincoln	a	Coln	nar Man	or,	N	Ad.
4 FUNERAL DIRECTO		ADDRESS		C'D BY REGISTE	AR 256. REGIS	TRAR'S SIGN	NATURE	
		Hyattsville, M	ra 6	EB 2 3 '62	1	hun & to	_	
r rancis (	Gasch's Sons	Tryatts ville, IV.	Id. DATE		Cua	my 1. 70	HALLA	

of the company Erizon Cuornal s \_\_\_\_bodyre Y-1016 0 15 15 0 5 16 16 vi tevall l day PORT SEED Place Included in some election on the A CANADA SAMUARY SAMUARY HERMAN ering of a San 3 2 m 78 U.S. Government Mass. Ret. Englishes (CENT) SY OF SAME SHIPS TO STOOL THE Parish to the Contract of the market KINH IS Y A THE SERVICE STATE OF THE WAR THE STATE OF THE SERVICE THE PARTY OF THE P Company of the property of the company of the compa Meaning Joing Company 2503 Road J. E. m. I Private Com in a 2/22/62 Tr Lincoln Colman Maner, 1 4m

Francis Concil : Sons digestryllis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



### DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02250 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Prince George MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Laurel Laurel filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital d. STREET ADDRESS . IS RESIDENCE ON A FARM Box 568A Star Route NO. Laurel General Hospital mpletely NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH February 10 19 62 Lager Mary 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) WIDOWED K DIVORCED Female physician 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Maryland attending pl 13. FATHE 14. MOTHER'S MAIDEN NAME 17 INFORMANT (If yes give wer or dates of service) Hospital Records the CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY certificate PERFORMED? Se NO [ 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH the 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED factory, street, office bldg., etc.) While Not While Hour e.m. et work et work TOR: 21. I certify that (I) (this hospital) attended the deceased from ... and that death occured a 55.1M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING MED STAFF PHYS. DIRECTOR PHYS. page 22d. ADDRESS Prince George Street, Laurel, Maryland Idolo Pierandrei, M.D. CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23c. NAME OF (Stete) CREMATION, 23b a Fo 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 DATE FFR Cirthur & House

MARYLAND STATE DEPARTMENT OF HEALTH

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### MARYLAND STATE DEPARTMENT OF HEALTH RDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH R STATE Item 14 Film G308 62 PLACE OF DEATH / 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY Prince George's Prince MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest fown) write RURAL end give neerest town) Cheverly hours Deanwood Park . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress) d. STREET ADDRESS ON A FARM? YES NO DO retained he State B George's General Hospital 5216 Maple Prince Road NAME OF 4. DATE Month OF DECEASED DEATH February the (Type or print) Jackson Daisv 9. AGE (In years | IF UNDER 1 YEAR 2 with ours afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months | Days Hours Female Colored WIDOWED ge 5 and 72 ho 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 18. Give Pages 1, 2, h form PM3. Page : mit. File pages 1 and y event, within 72 h done during most of working life, even if retired) South Carolina Own Home House wife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jim Smith Marv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive weror detes of service) permi George Jackson. same as # 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), ] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebravascular accident IMMEDIATE CAUSE (e) ď Office DUE TO burial Cardiovascular renal disease Conditions, if eny, (b) geve rise to immediate ceuse DUE TO (e), steting the underlying ld be used a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? ord NO Medical should be 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Chief age 3 sto buril 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work et work forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Y and in my opinion Homicide Undetermined manner Natural causes Accident Suicide death resulted from: CHIEF MEDICAL EXAMINER olease execute the tshould be forward FUNERAL DIT DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY 2/28/62 NAME (Type) Address (Street, city, town, or county) 220 BORIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY Q40 g 24b. REGISTRAR'S SIGNATURE VS. A15ME Orthur S. Thrus

altraced control \_\_\_instrume \_\_ economic historia entità Interest the Court of the State of the Court Jackson Factors and Monagon Hand total in nos a some men and an analy server 4----S & an each - (and wer'd engoed) franchist asinoneversons cause in Engage in Aug. and Lucati 28,83,86 3-3 & - Martin Carlotte Company Comment

# Page . TO DEPUTY ME. AL. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is crossary, please execute the Artificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral direction of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. d TO DEPUTY ME VS. A15ME

5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission)						
	STATE     b. COUNTY						
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	Maryland Prince Georges						
b. CITY OR TOWN (if outside comporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)						
Cheverly D.O.A	27 Capitol Heights						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddrass)	d. STREET ADDRESS   e. IS RESIDENCE						
Dutues Geometic General w	6117 Kingston Road YES NO A						
Prince George's General Hospital							
DECEASED	Last 4. DATE Month Day Year OF						
(Type or print) Louis Edward Ja	rboe Feb. 8 1962						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.						
	last Dirthday)   Months   Dave   House   Min						
Mare Milline	Dec. 12, 1910 51 yrs.   """   """						
done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Handler Railway Expres	s Washington D. C. U. S. A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Dondaman B. Tomboo	Manager I and Hallalan						
Benjamen E. Jardoe  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II	Margret Lena Heisler						
(Yes, no, or unkown)   (Ifyesglvewerordatesofservice)	Address Radiant Valley,						
No	ames J. Jarboe 6901 Standish Drive Md						
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	I INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CEREBRAL H	ONSET AND DEATH						
IMMEDIATE CAUSE (e) CEREBICAL A	EMORR HAGE						
DUE TO							
Conditions, if any, which (b)							
geve rise to Immediate cause DUE TO							
(e), stating the underlying							
(c)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
PARI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	PERFORMED?						
13	YES X NO 1						
	ntar nature of injury In Part I or Part II of item 18.)						
PRIMARY OF CONTRIBUTING CONTRIB							
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	TO SIMILIPY (Many form 1 00) (C)						
	E OF INJURY (Home, farm, 20f. (City or town) (County) (Siete) ry, street, office bldg., etc.)						
p.m. 19 at work at work							
21. I certify that I took charge of the remains described above, hel	d an Autopsy X. Inspection V. Inquiry V. and in my opinion						
death resulted from: Natural causes X. Accident T. Suici							
deam resolved from: Idaloral causes A. Accident . Suick							
	CHIEF MEDICAL EXAMINER						
SIGNATURE COMES	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED						
	DEPUTY MEDICAL EXAMINER 2/8/62						
NAME (Type James I. Boyd MD. 8200 M	arl boro Pike, The Forestville, Md.						
NAME (Type) James I. Boyd MD.							
XXXXXXX (Specify)							
Burial Feb. 12, 1962 Washington	National Suitland, Maryland.						
23. FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE						
W. W. CHAMBERS CO., Riverdale,	Md. DATEFFR 1 3 '62 Outhur S. Krous						
	TOUTE SE 1 23 OF						

THE CONTRACTOR OF THE PROPERTY OF THE PARTY THE RESERVE OF THE PROPERTY OF Figures Feb. 18, 1959 Weebington Mationet Exitions, Maryland. Y. W. CERKERRS CO., Riverdale, Md. Len Giller

RYLAND STATE DEPARTMENT OF HEALTH

and room sometimes and the second second and the second second and the second s Chayon ly could note the the server of the court of th Abail bias c' show my the first that the first sales THE STATE OF THE PARTY OF THE STATE OF THE PARTY OF THE P The state of the s Dr. William A. Goldrode WESC Joidese France, College Face, Md. Showed the there was - 900 6 50 M. The said

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	MARYLAND S	TATE DEPAR	TMENT OF	HEALTH	
DIVISION OF STATISTICA	AL RESEARCH AND	RECORDS, 301	W. PRESTON S	STREET, BALTIMORE	1, MARYLAND
DIVISION OF STATISTICA	CER'	TIFICATE O	F DEATH		02230

_												
1.	PLACE OF DEATH						ICE (Where	deceased lived, If		Residen	ce before a	dmission)
	400	ince George	es	MARYLAND	e. ST.	ATE	D. C.	b. COUN	111	-		V
	b. CITY OR TOWN (II	f outside corporata limi		LENGTH OF STAY IN 1	b c. Cl	Y OR TOWN	(If outside co	rporala timits, write	e RURAL en	d give	neerest tow	vn)
	Glenn Dale	/ - 1		1 yr., 5 mo	S	1	Washin	gton	1	17x	.3	
		AL OR INSTITUTION (	f not in hospit	al, give street eddress)	d. ST	REET ADDRESS						ESIDENCE A FARM?
	Glenn Da	le Hospita	1				D.C. V	illage			YES _	
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month	1	Day	Yea	*
	(Type or print)		bert	-	Johnso	n	DEAT	'н 2		12	19	62
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF		_	9. AGE (In years last birthday)	_		IF UNDER	
	Male	Negro	WIDOWED	DIVORCED		? 190	8	53 yrs.	Months	Days	Hours	Min.
		ON (Give kind of work		OF BUSINESS OR INDU	STRY 11. BIR	HPLACE (Cou	inty & Stete,	or foreign country)	12. CI	TIZEN O	F WHAT	COUNTRY
CK	Unknown	(employed)	a)	Unknown	S	S.C.			1	U.S.	A .	
13	FATHER'S NAME	1 2 2			14. MOT	HER'S MAIDEN	NAME					
	George J	ohnson			I	ennie '	?					
		ER IN U.S. ARMED FOR		OCIAL SECURITY NO.   17	INFORMA	NT		Address	1			
(Y	NO (If	yes give weror detasofs	unk	known (lost)	Dece	edent						
-	18. CAUSE OF D	EATH [Enter only one									TERVAL BE	
		H WAS CAUSED BY:	Syphil	litic aortit	is with	a aorti	c insu	fficienc	У		inknov	
	0 77	DUE TO				1911						
	Conditions, if eny											
	geve rise to immedia	ete cause										
	(a), steting the uncause last.	nderlying DUE TO										
7		SIGNIFICANT CONDI	TIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(e)   1	9. WAS	AUTOPSY
TIO	Cerebrova	scular acc	ident	(1951) with	residua	l left	hemip	aralysis	÷	100	PERFO	DRMED?
FICA	generali	zed athero	sclero	SIS							YES A	но Ц
CERTIFICA	OR CONTRIBUTING	CAUSE OF DEATH	200. DESCR	TIBE HOW INJUNT OCCU	KED, (Enler her	are or surpry in	7 7 617 7 01 7 61	i ii or nem ro.,				
		MEDICAL EXAMINER)		HIDY OCCUPATE : CO.	DI A CE OF INIII	Inv /LI /	1 205 10	*************	10-			/ Canal
MEDICAL	Hour e.m.	RY Month, Dey, Ye	While			JRY (Home, far office bldg., etc		City or town)	(Co	unty)		(Stete)
ME	p.m.	19	et work	et work			1		,			
	21. I certify th	hat (I) (this hospi	tal) attende	ed the deceased fro	m8/]	7/2000	1960.	02/12,	, 19	.62 1	hat (I)	(we) las
	saw the deceas	ed plive on	2/12	2/19.62, and th	hat death o	ccured at	A.M. fro	om the causes	and on	the di	ate state	d above
	22a. SIGNATURE	11,			ATTE	NDING	MED.	STAFF			228	SIGNED
		neve l	NELL	2	M.D. PHYS		DIRECTOR				2/12/	/62
	22c. PHYSICIAN'S	Mon Moi	CC M T		22d.	ADDRESS		Glenn D			tal	
	NAME (Type)	Moe Wei	55, H-1	J•				Glenn Da	ale, 1	1d.		
23		ON, 236. DATE THE	REOF :	23c. NAME OF CEMETER	RY OR CREMA	TORY	23d, LO	CATION (City, to	wn or coun	ly)	(5	State)
	REMOVAL (Specify)	2-17-19	62	Harmony Mem	orial	Park	Hur	tsville,	Mary	land	1	
24	FUNERAL DIRECTOR			ADDRESS	1			ISTRAR 256. RE				
~	malren	v Schu	, enc.	. HZ4 P	MU	), DATE	FER 1.9	'62	Jethung ,	24		
		- 0	- August							4, 710	ALC: U	

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Bardal 19-13-1902 Harmony Memorial Park Harbardles, Maryling

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after		neral	pino	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death,	1
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	MARYLAND	STATE	DEPARTMENT	OF	HEALT	ŀ
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02255 CERTIFICATE OF DEATH 02202239

1. PLACE OF DEATH				2. U	SUAL RESIDI	ENCE (Where	decessed lived, If		sidence belore	edmission
o. COUNTY Pri	nce George	S	MARYLAND		STATE	D. C.	b. COUN	ITY	***	1
b. CITY OR TOWN (if		ts,	LENGTH OF STAY IN 16	c.	CITY OR TOW	N (If outside co	orporate limits, write	RURAL and	give neerest to	own)
Glenn Dale	(rural)					Washing	rton		47x,	3
d. NAME OF HOSPITA	AL OR INSTITUTION	if not in hospit	al, give street address)	d	STREET ADDRE		9.044			RESIDENCE
Glenn D	ale Hospit	al				428 E.	St., N.W			ON 3
3. NAME OF DECEASED	First		Middle		Lost	4. DATI	E Month		Day Ye	nar
(Type or print)	Willi	е	₩ (	Johns	on	DEA	гн 2		23 19	9 62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In yeers last birthday)			ER 24 HRS.
Male	Negro	WIDOWED		1	903?		ER? yrs.	Months D	ays Hours	Min.
10a. USUAL OCCUPATION done during most of wor	ON (Give kind of work	10b. KINI	OF BUSINESS OR INDUS	TRY   11.	BIRTHPLACE (C	County & State,	or foreign country)	12. CITIZ	EN OF WHAT	COUNTRY
Night-watc		<b>a</b> )	Unknown		N.C.			US	SA	
13. FATHER'S NAME	44 1 64 4 4			14. N	OTHER'S MAID	EN NAME				
?						?				
15. WAS DECEASED EVE				INFOR			Address		72 6	
(Yes, no, or unkown) (If: Unknown	yesgive werordates of s ∞=		aknown	Casua	lty Hos	pital	Washi	ngton,	D.C.	
IB. CAUSE OF DE	ATH Enter only one	cause per line	for (a), (b), and (c).]						INTERVAL B	
PART I. DEATH	WAS CAUSED BY	Intra.c	erebral hemo	orrha	ge with	right	hemiparal	ysis	3 day	
442	DUE TO				0		-			
Conditions, if any										
gave rise to immedia	te cause									
(a), stating the un	derlying DUE TO	Hypert	ensive card:	iovas	cular d	isease			unkno	wn
	SIGNIFICANT CONDI	0 3.	RIBUTING TO DEATH BUT				SE CONDITION GIV	EN IN PART 1	(e)   19, WAS	AUTOPSY
OF D			eft middle c						YES T	FORMED?
E 20a. ACCIDENT WA			IBE HOW INJURY OCCUR				rt II of item 18 )		1123	NO DE
OR CONTRIBUTING	CAUSE OF DEATH	200. DESCR	ibe now injust occor	CD, (Ellio)	natore of injury	111111111111111111111111111111111111111	THE OF HEIL TO			
3 20c. TIME OF INJUS	Y Month, Day, Ye				INJURY (Home,		City or town)	(Count	ly)	(State)
20c. TIME OF INJUST Hour e.m.	10	While at work	Not While	actory, stre	et, office bldg.,	erc.)				
Print	at (I) (this hospi	tal) attende	d the deceased from	12	/8/ -	1967	10 2/23/	. 1962	2 . that (I)	(we) la
	ad alive on	2/23/	196.2, and th	at death	occured at	AM, fr	om the causes	and on th	e date stat	led abov
22a. SIGNATURE	Une l	Ven			TTENDING HYS.	MED. DIRECTOR	STAFF PHYS.		2/23/6	2b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Moe Wei	ss. M.I	).	2	2d. ADDRESS	Gler	nn Dale H	ospita.	1.	
(177min (177po)						Gler	nn Dale, J	Md.		
23a. BURIAL CREMATIC			23c. NAME OF CEMETER			23d. LC	OCATION (City, to	wn or county)		(State)
Burg	2-27-196	52	Harmony Mem	oria,	l Park	Hu	ntsville,	Md.		1111
24 FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	11	25a.	REC'D BY REC	SISTRAR   256. RE	GISTRAR'S SI	100	
mollar	- Sphe	u Mar	n. 47 111	PATI	MAL DATE	FER 26	'62	billian S.	Thurs	,

E8350 HE WELL THE . The state of the · To and the same of the same of the same of with the property of the state I work firsten a bull of a first or all decay in the 2-27-1962 Numeroy Henorical Juryle Buctoville, M. Section of the second section of a section of the

# FOR STATE HEALTH DEPT.

PT.

TO DEPUTY MEE.

I. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealth, or its designated agent, prior to burial, cremation, or removal, and in any specific within 72 hours after death.

VS. A1SME 5M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02256 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02240

a. COUNTY	<b>:</b>		a. STATE	E L	b. COUN	Prin	sidence before	
Pring	e George S	MARYLAND	Maryl			Prin	ce Gec	rge
	give nearest town)	c. LENGTH OF STAY IN 16	74 Belts	vill	e e e e e e e e e e e e e e e e e e e	NUKAL and	giva nearest to	wnj
5402 O'I	tal or institution (if not in hi Dell Road	ospitet, give street eddress)	d. STREET ADDRESS 5402		11 Road			RESIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Hester	Middle Virginia	King	4. DAT OF DEA	me Month		Doy You	60
5. SEX			. DATE OF BIRTH		9. AGE (In years			R 24 HRS.
emale	Colored widow	ED DIVORCED	July 20, 1	1893	6 yrs.	Months D	eys Hours	Min.
	ION (Give kind of work orking life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stete	or foreign	country)	12. CITIZ	EN OF WHAT	COUNTRY
Howsewif		n home	Virgin	nia		U.	S. A.	
13. FATHER'S NAME Mortor	Brown		14. MOTHER'S MAIDEN Virgir					
15 WAS DECEASED EV	ED IN H C ADMED CODOCCO 1 34		NFORMANT		Address		.,	
(Yes, no, or unkown)	fyesgivewerordeles of service)	I	ouglas Wil	Llian	King,	same	as # 1	2
18. CAUSE OF I	EATH [Enter only one cause per	line for (a), (b), end (c).)					INTERVAL BE	
PART I, DEAT	H WAS CAUSED BY:	MORKHAGE	AND SHE	ck			ONSET AND	DEATH
0.02	1 X DUE TO C	7.102.1-13.1-13		4	,			
Conditions, if en		NSHOT LERG	ind of	che	s t			
geve rise to immed	iete cause	P. P						
(a), steting the u	(c)							
	R SIGNIFICANT CONDITIONS CO	ENTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEA	SE CONDITION GIV	EN IN PART		ORMED?
PART II. OTHE		ribe how injury occured. (i				me		
20c. TIME OF INJU		. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferr pry, street, office bldg., etc 101110	m, 20f. (	City or lown) Beltsvil	le F		(State) Wd
21. I certify t	nat I took charge of the re	mains described above, he	ld an Autopsy X.	Inspection	on 🔀 Inqui	у 😿 .	and in my	opinion
death resulted	from: Natural causes	], Accident [], Suic	ide, Homicide	XX,	Undetermined m	nanner 🗌		
	1		CHIEF MEDICAL	EXAMINER				
ACTUAL SIGNATURE	James J	. V Lough	M.D. ASSISTANT MED	DICAL EXAM			DATE SI	GNED
EXAMINER'S / NAME (Type)	James I. Boyd		DEPUTY MEDICA Address (Street,		/	26/62	2	
22 JURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF			CATION (City, lown	or country)	(Ste	ote)
REMOVAL (Specify	3-3-62	Warrentor	a am.	Wa	renter	1 2	ergen	in
Henry Sul	ishnyter or In	4925 Dec	me die DATE	MAR 1	162 24b. REG	Total &		
			112					

Light dua mining many him Table Park Lord Tone and as 

### FOR STATE HEALTH DEPT.

TO DEPUTY MELY.

L. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendin in Item 18. Give Pages 1, 2, and 3 to the funeral direct age 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your riles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME SM 9/60

MARYLAND STATE DEPARTMENT OF ILLASTIC
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12241 12257 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	PLACE OF DEATH     COUNTY		2. USUAL RESIDENCE (When	b. COUNTY	nce before edmission)
	b. CITY OR TOWN (if outside corporate limits.	MARYLAND	Maryland	-	e'orges
I	b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16		corporate limits, write RURAL and give	neerest town)
	Hyattsville	D O A	J Hyattsvil	le	
ı	d. NAME OF HOSPITAL OR INSTITUTION (if not tr	hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
1	Leland Memorial	Hospital	6903 23r	d Place	YES NO T
	3. NAME OF First	Middle	Lasi   4. DAT		Yeer
	Type or print)	JAMES	KRAUSE OF DEA	TH Feb. 2	19 62
1	5. SEX   6. COLOR OR RACE   7. MA	V 4 45 5 40 V	. DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEAR	
	2 4 72	OWED DIVORCED	April 4, 1875	last birthday) Months Deys	Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTR		country)   12. CITIZEN	OF WHAT COUNTRY?
1	Retired	Plumber	Wash. D. C	. U.	Q A
1	13. FATHER'S NAME	T + WILLDOT	14. MOTHER'S MAIDEN NAME		
	Unknown		Unknown		
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		Address Wash.	D. C.
1	(Yes, no, or unkown) (Ifyesgivewerordelesofservice)	F	rank J. Sheaha	n 818 Randolph	
	18. CAUSE OF DEATH  Enter only one cause			111	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Acute con	gestive heart		NSET AND DEATH
1	44) X DUE TO	Non or Coll	gesurve Heart	r-auture	
ı	Conditions, if any, which	Condiavos	cular renal di	20000	
1	geve rise to immediate cause	OSTATOVS	carat tenar at	sease	
1	(e), steling the underlying cause lest.			With the state	
1	(0)	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(6)	19. WAS AUTOPSY
1	OIL CONTRACTOR OF THE CONTRACT				YES NO XX
		SCRIBE HOW INJURY OCCURED. (	Enter neture of injury in Pert I or Pert I	Il of item 18.)	12   10
1	0		CE OF INJURY (Home, ferm, 20f. (	City or town) (County)	(Stete)
ı	Hour e.m.	While Not While 1960	ory, sheer, diffee brage, ore.,		
	21. I certify that I took charge of the	remains described above, he	eld an Autopsy . Inspecti	on X, Inquiry X, and	in my opinion
	death resulted from: Natural causes	Accident . Suic	ide . Homicide .	Undetermined manner	
	Λ	•	CHIEF MEDICAL EXAMINER		
	ACTUAL amer	2. 11 Jans	ASSISTANT MEDICAL EXAM	MINER	DATE SIGNED
	SIGNATURE		DEPUTY MEDICAL EXAMINE	R 🛛 7 -	3-62
	EXAMINER'S James I. B	ovd	Address (Street, city, town,		1 07
	22e. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	CREMATORY 22d. LO	CATION (City, Iown, or country)	(Stele)
	BURIAL 2-5-62	FT. LINCOL	MCEM. BL	ADENSBURG	110.
	23. FUNERAL DIRECTOR	ADDRESS	A C 240. REC'D BY REG	ISTRAR   246. REGISTRAR'S SIGNA	TURE
	HANLON FUNERAL HO.	ME - WASH	DATE FEB 8	162 Cirthur S. Kr	and
1					

1 22 2-5-62 17 Lings for Care Brown Con TRUBON FURTHER HELLE - WHEN DE COMMERCE OF THE WARRENCE DE FOR STATE age

TO DEPUTY MEET IL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne please execute the Afrificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02242

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02258

1.	e. COUNTY		e. STATE	CE (Where decessed lived, If b. COU		ce before edmission)
	Prince George's	MARYLAND	Maryland	to the	ince Ge	orgels
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16		f outside corporete limits, writ		
_	Cheverly	D.O.A.	35 Landove	r		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS			. IS RESIDENCE
	Prince George's Gen	eral	Ardwick	Pood Pt #7		YES NO T
3.	NAME OF First	Middle	Last	4. DATE Mont	h Dev	Year
	DECEASED (Type or print)			OF DEATH		
E	Mable		amokin	F'e b		1962
3.	SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years last birthday)		IF UNDER 24 HRS.
	F Colored   WIDG	OWED DIVORCED	110 23. 190	7 60 yrs.	Months Days	Hours Min.
10a	ne during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTRI	IT. BIRTHPEACE (State	or foreign country)		F WHAT COUNTRY?
	Housewife	own home	Virgini	8	US	A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
	Henery Blair		Unkown			
	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II		Address	В	
l'il	No	Red	vers Lampk	in Same as	#2	
	18. CAUSE OF DEATH Enter only one cause	per line for (e), (b), end (c).]	ACT D TISMINY	TII DAME GR		ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Acute cong	estive hea	rt failure	ON	SET AND DEATH
	416 V DUE TO					
	Conditions, if any, which (b)	Rheumstic	heart dise	0.00		
	geve rise to immediate cause	Titledmatte	mear o disc	8.50		
	(e), steting the underlying DUE TO					
	cause last. (c)					
ON	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART 1(e) 15	9. WAS AUTOPSY PERFORMED?
CAT					Y	ES NO
CERTIFICATION	PRIMARY  or CONTRIBUTING	SCRIBE HOW INJURY OCCURED. (Er	nter nature of Injury In Pert	l or Pert II of Item 18.)		34
	CAUSE OF DEATH.					
MEDICAL	Hour a.m. V		CE OF INJURY (Home, farm, ry, street, office bldg., etc.)		(County)	(Stele)
	21. I certify that I took charge of the	remains described above, hel	d an Autopsy ,	nspection . Inquir	ry 🔽 and	in my opinion
	death resulted from: Natural causes			, Undetermined m	- 4	
	$\wedge$		CHIEF MEDICAL E	KAMINER []		
	ACTUAL SIGNATURE AMON	1 30-1		CAL EXAMINER F	bruarva	Gre le Good
	EXAMINER'S	1 Derta	DEPUTY MEDICAL			.,
	NAME (Type) James I. Bo	vd MD	Address (Street, ci	ty, town, or county)		
22a	BURIAL, CREMATION, 22b. DATE THEREOF 2-9-196	22c. NAME OF CEMETERY OR	CREMATORY DE	22d. LOCATION (City, lown	, or country)	(State) A.
23.	FUNERAL DIRECTOR	ADDRESS	em Tack	D BY REGISTRAR   24b. REG	SISTRAR'S SIGNATU	RE
9	rane's Juneral No.	ne The 384-PS	. aviw DATE FE		Most S. Throw	
	7	110 51101011110	I DAIL TOTAL			

. . . SERVICE TO THE PARTY OF THE PAR 2-4-1962 Canses Man Feet Reyord Traval Nome Inc 387 20 3 a not made in

# FOR STATE HEALTH DEPT.

# MARYLAND STATE DEPARTMENT OF HEALTH Division ASTATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MANYLAND 3 SECOND STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MANYLAND 3

ENLIN DEFT.	PLACE OF DEATH     COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution; Residence Defore edmission)
Page files. Health	Prince Coonge a	YLAND . STAMaryland b. COUNTPrince George
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	TAY IN 1b c. CITY OR TOWN (If oulside corporeta limits, write RURAL end give nearest town)
\$ 5 0 V	) Camp Springs   D.O.A.	19 Comp Anrings
for your goard	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street en	ON A FARM?
e B e B	Andrews Airbase Hospital	5425 Branch Avenue
Stat	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
the of the	(Type or print) William Dow	Landreth Death February 2 19 62
aff aff	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	
ma mand 2 w 2 wrs	Male White WIDOWED DIVOR	
2 hd 2	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Pag Pag	None	District of Columbia U.S.A.
PM3. P	13. FATHER'S NAME	Patsy L. Balderson
5	William Hubert Landreth	ratsy ii. Daluel son
form File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unknown) (Ifyesgivawerordatesofservica)	NO. 17. INFORMANT William Hubert Landreth, same as # 2
in the state of th	none	William Rubert Danurett, Same as # 2
a × de	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	(c).] INTERVAL BETWEEN ONSET AND DEATH
in line ans	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ASPHYXI	
Sence a le la	1/6 0 00000	arbon monoxide poisoning
Pour jo	Conditions, if any, which (b)	TI.DOIL WOLLOWING DOLDOLINIE
ren sa	geve rise to immediata cause (a), stelling the underlying  DUE TO	
endine de	causa last. (c)	
Exal Exal tion	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
d be	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE  200. EXTERNAL CAUSE WAS PRIMARY — Xer CONTRIBUTING — Occupant o	YES NO.X
ledi cr	208. EXTERNAL CAUSE WAS PRIMARY X CONTRIBUTING OF CONTRIBUTING	DCCURED. (Enter nature of injury in Part I or Part II of item 18.)  f house that burned
ting the same of t		
Chillips Chillips	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED While Not While Not While at work work work work	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.)
R. P.	9:10 p.xx 2/2/19 62 at work 12	Home Camp prings P.G. Md
200 g	21. I certify that I took charge of the remains described	above, held an Autopsy , Inspection , Inquiry , and in my opinion
the arrift prwarded DIRECT ed agent,	death resulted from: Natural causes . Accident .	, Suicide , Homicide , Undetermined manner
te the artificion of the sattification of the satti	1	CHIEF MEDICAL EXAMINER
approprie	ACTUAL SIGNATURE SIGNATURE	DATE SIGNED
Signal Signal	EXAMINER'S TOWNS T POUR	DEPUTY MEDICAL EXAMINER 2/2/62
should be for FUNERAL its designate	NAME (1/pe) / James I. Boyd  22s. BURIAL, GREMATION.   22b. DATE THEREOF	Address (Street, city, town, or county)  EMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
shour its	REMOVAL ISPACITY 0 (- 1010	
1 2 4 6 g	23. FUNERAL DIRECTOR ADDRESS	131-11 JE 248. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE
VS. AISME	All y Ohn att	13.1180
5M 9/60	of their of the accordingly	Wash O DATEFEB 5 162   Conting S. Malle
	1 (	

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# TO DEPUTY MEL. I. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct age 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you. Tiles. I. EVINERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	022COMEDICAL EXAMINER'S	CERTIFICATE OF DEATH	2233
-	PLACE OF DEATH & OU	2. USUAL RESIDENCE (Where decessed lived, If institution: Res	sidence before admission)
1	o. COUNTY) MARYLAND	a. STATE Mariland b. COUNTY ru	~ & George
4	b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If on side corporere limits, write RURAL end g	give nearest town)
4	farham 4 morths	36 Lanham	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
	5402 Whitfield Cood	5402 Whilfeeld Road	YES NO
=	NAME OF First Middle		Dey Yeer
	(Type or print) 10 ougles Everett	Cerson DEATH 7al	8 1962
1	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	
1	mole behite WIDOWED DIVORCED 1	March 2411924 Jast birthday) Months De	ys Hours Min.
-	100. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	EN OF WHAT COUNTRY?
	done furing most of working life, aven if retired)	montano U.	. S. a
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Clarence Benjamie Lerie	Louise Come Vi	ewica
		INFORMANT A Address	0
1	(Yes no, or unkown) (If yes give were redstes of service) 501-28-23/4 K	cherel Euge Tarson par	ne av#2
×	CAUSE OF DEATH  Enter only one cause per line for (e), (b), eng (c).		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Cashing	10	ONSE! AND DEATH
	974 X DUE TO		
1	Conditions, if any, which (b) Hanging		
	geve rise to immediate cause	8	
	(a), stelling the underlying cause lest. (c)		
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
			YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20s. EXTERNAL CAUSE WAS PRIMARY SI or CONTRIBUTING CAUSE OF DEATH.	Enter neture of injury In Pert I or Pert II of item 18.)	
	PRIMARY OF OF CONTRIBUTING   Honge of DEATH.	in closet of home	
1	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   200 PL		y) (Stete)
		one Janhan	S. mel
1	21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry ,	in my opinion
1	death resulted from: Natural causes , Accident , Suid	cide . Homicide , Undetermined manner	
		CHIEF MEDICAL EXAMINER	
1	ACTUAL DO MON S S	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE JUMES SIGNATURE	DEPUTY MEDICAL EXAMINER	5/12
2	NAME (Type) JAMES L. Boyld	Address (Street, city, town, or county)	100
	226. NAME OF CREMATION, 22b. DATE THEREOF 22c. NAME OF COMMENT OF	R CREMATORY 22d. LOCATION (City, town, or country)	(Stelle)
	Cremation Feb. 23, 1962 Fort Lincol	n Cemetery Bladenshung Man	Avel and
1	23. FUNERAL DIRECTOR ADDRESS	n Cemetery Bladensburg Mary 246. RECOURT REGISTRAR 246. RECOURT REGISTRAR 246. RECOURT RESISTANCE PROPERTY AND THE RECOURT RESISTANCE PROPERTY RECOURT RESISTANCE PROPERTY RECOURT RECOURT RESISTANCE PROPERTY RECOURT REC	NA PRETICE
1	V.W. Chambers Co. Tweedale, 7	114. DAFEB 23 '62 Cailing 8 H	Ann

and the second of the second o Donales Evenett Levers In 216 11 100 The transfer of the said Clarence Bengaminderson of orman Economy house SAME OF THE STATE OF THE PARTY OF THE STATE Harrying Henry et selp in closet of borne Spring V. E. Lagrana ( ) JANIET I BOYD Jonalyman, spidensbirg tincoln Gemetery Hindensbirg, Manyland,

VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIA	MORE,	18

	02261	CERT	IFICATI	OF DEAT	TH	Reg.	Dist. No. 02245
1. PLACE OF DEATH  o. COUNTY	· George	O MAR		USUAL RESIDENCE	Where deceased live		ence before admission)
b. CITY OR TOWN (If or RURAL and give neore	est town)	7.0 10.	onth 5	E. CITY OR TOWN I	outside corporate!	imits, write RURAL on	d give nearest town)
OR INSTITUTION	(If not in hospital, giv	re street oddress)	1	d. STREET ADDRESS	23 rd	G-le	IS RESIDENCE     ON A FARM?     YES    NO
3. NAME OF DECEASED (Type or print)	MARY	/ Middl	LAWK	Lost	4. DATE OF DEATH	Month Feb 3	Doy Yeor 1962
Semaly	white	7. MARRIED NEVER MARR	ED 3 a	bud 28.	1961 10	st birthdoy) Month	
during most of working	(Give kind of work do life, even if retired)	one 10b. KIND OF BUSINESS	/	MOTHER'S MAIDER	2 DE	12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	D LA	WRINCE		Roser		BL	icH
15. WAS DECEASED EVER (16 )	N U. S. ARMED FORC	ES? 16. SOCIAL SECURITY No	0. 17. INFO	MANT		Address +/A-	Ther
PART I. DEATH	Enter only one cou WAS CAUSED BY: AMEDIATE CAUSE (0)	se per line for (o), (b), and (c	mi	tret	on		ONSET AND DEATH
Conditions, if ony,		Congen	tul	cobstr	uction	2 af	Emis
couse (o), stoting the lying couse lost.	under- DUE TO (c).	Bilian	y a	ppar	atus	ン/	Dirth
ICATIO		ITIONS CONTRIBUTING TO D			3-2		ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY					
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yeor	20d. INJURY OCCURRED   While   Not while   of work	20e. PLACE foctory,	OF tNJURY (Home, fi , street, office bldg.,	arm, 20f. (City or to	own)	(County) (State)
21. I certify that	l attended the	/ 1	t death oc	., 19/2/, to	2 - 2 6 2 M, fram th		I last saw the decease the date stated above
ACTUAL SIGNATURE	arles U.	miller at	u M.D.	2431		city of fown, state)	NIW. Z/26
PHYSICIAN'S CH	ARLes A	Millwate	2				
220. BURIAL, CREMATION,	FaB 27	1962 MT.	GA L'	0 1	22d. LOCATION	(City., town, or equal	
23. FUNERAL DIRECTOR'S	GNATURE	3603 14h	A.	1h	FEB 2 7 '62	24b. REGISTRAR'S	S. Kraus
- 924444	1868	W	674-0				

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# FOR STATE HEALTH DEPT.

AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nace

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please execute the stifficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct	ld be forw	O R IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of	designated	0
please	4 shou	TO FUL	or its	
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### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

DOOCO MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	02246
Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institute of STATE b. COUNTY)	tution: Residence before edmission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  C. LENGTH OF STAY IN 1b  months	c. CITY OR TOWN (If outside corporate limits, write RU Washington, D.C.	IRAL end give necrest town) 41x 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  Paint Branch Nursing Home  3. NAME OF POWDER MILL Road  Middle	d. STREET ADDRESS 1725 17th Street, N	S. IS RESIDENCE ON A FARM? YES NO K
(Type or print) Josephine Weed L	eButt 4. DATE Month of DEATH Februs	ery 16 19 62
Female W hite WIDOWED DIVORCED	MARCH 24, 101/1 84 yrs.	UNDER 1 YEAR IF UNDER 24 HRS.
10e. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired) HOUSE WITE  OWN Home	Maine	12. CITIZEN OF WHAT COUNTRY? U.S.A.
JOHN WEED	MARY MAUDE WHEELI	ER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ilyesgivewerordelesofservice) None M.	rs Daurice Roman, Bethes	Franby Street sda, Md.
Conditions, if any, which gove rise to immediate cause (e), stating the underlying cause lest.  DUE TO  (b)  Cardiov  (c)	ongestive heart failure ascular renal disease or related to the terminal disease condition given i	PERFORMED?
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter nature of Injury In Pert I or Part II of Item 18.)	AES NO K
	ACE OF INJURY (Home, lerm, 20f. (City or town)	(County) (Slete)
21. I certify that I took charge of the remains described above, he death resulted from: Natural causes . Accident . Suice . Accident . Suice . Accident . Suice . Signature .	cide . Homicide . Undetermined mann CHIEF MEDICAL EXAMINER	
22a. Burial, Cremation, 22b. Date thereof 22c. Name of Cemetery of Removal 2/19/62 Mount Hope	North Attleb	oro, Mass.
The S.H. Hines Co 2901 14th St. 1	N . W. 24e. REC'D BY REGISTRAR   24b. REGISTR.	AR'S SIGNATURE

1116 1/25 2/20 00 00 00 IN REPORT OF THE PROPERTY OF T Temporal (SALVAS) Tavonia and the second sec

## in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct for you Board land 2 with the State Bo 72 hours after death. Page it. File pages 1 event within form PM3. permit. Office along with .= burial-transit and "pending"

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### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH RESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 263 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Maryland Prince George's
c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest Yown) Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Cheverly D.O.A.

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Mount Rainier d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Prince 3. NAME OF George's General Hospital DATE Yeer DECEASED (Type or print) DEATH Smith Little February 27 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED T May 27, Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired Building (Ret. Westminister, Md. U.S.A. Cerpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harriett Smith Emanuel O. Little 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address. 3724 34th St.k (Yes, no, or unkown) | (If yes give war or detes of service) Yes, Unknown Mr. Arthur R. Wilcoxen, Mt. Rainier, Md. 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave risa to immediate cause DUE TO (a), stating the underlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stele) factory, street, office bidg., etc.) While Not While et work et work Inspection T 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S 2/28/62 NAME (Type) BOYD, M.D. Addr Address (Street, city, town, or county) 22a. BURIAL, CREMATION 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stete) Burial (Specify) 3/2/62 St. John's Church Beltsville. Md. 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Maryland Chilling S. Maris 2 162

Remarks and Factor \$43S0 = Tolanda de Pompo de Pomisio a long of son his \_\_bunftmax Obever's a land to the second to the second Prince Coordels Second Linewitch Cold Second Broken Service in the contract of the Westminister, 18. gErect College Jahre T. doro, M.B. Summer of Street Courses to the Course of th Early & Carding Some of attracting, Maryland Lagar MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12248

1	1. PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, if institution: Residence before admissio     b. COUNTY	n)
1	Prince Georges MARYLAND	D.C.	
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	Glenn Dale (RURAL) 2 mo's,5 days	Washington 47x 3	
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE	
	Glenn Dale Hospital	1305 - G. St., N.E.   ON A FARM	
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer	
	(Type or print) George R.	Litz DEATH February 25 1962	
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR	
1	Male White WIDOWED DIVORCED	6-26-95   Sast birthday)   Months Deys Hours Min.	
1	10e. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY	{Y?
1	Cab driver Hacker	Washington, D. C. U.S.A.	
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	George R. Litz	Anna Ford	
		NFORMANT Address	-
	(Yes, no, or unkown) (Ifyesgivewerordalesofservice) Yes World War I	Decedent	
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN	
	DADT I DEATH WAS CALISED BY	noma, right lung, with associat- Unknown	
		castases to left lung, lymph	-
		as cases to left fung, lymph	
	Conditions, if eny, which geve rise to immediate cause		_
4	(e), stating the underlying DUE TO		
	cause last. (c)		
	PART JI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CITTHOSIS OF THE LIVET, POST NECTOTIC ascites, esophageal varices); paraplegia,  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING   CAUSE OF DEATH  UIF EITHER, NOTIFY MEDICAL EXAMINER	related to the ferminal disease condition given in part 1(e) 19. Was autops: type, with portal hypertension ( PERFORMED? cause unknown; tuberculosis, lymph YES X NO	Y
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pert I or Pert II of item 18 nodes right hilum.	-
		CE OF INJURY (Home, ferm, '20f. (City or town) (County) (State) ry, street, office bldg., etc.)	
	Hour a.m. While Not While stork	y, sites, other bidg., sic.,	
		2/20/67 . 19 to 2/25 1962 that (1) (we) I	
	2/26 160	2/20/61 12/12 12 to 2/25 1962, that (I) (we) led	131
	22e. SIGNATURE	death occurred ar	_
	226. SIGNATURE UNA WELL	ATTENDING MED. STAFF	ED,
	22c. PHYSICIAN'S	22d. ADDRESS 1/200701 CLOUDE AAD	_
	NAME (Type) Moe Weiss	GLENADALE MOSPITAL GLENADALE/1810	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	R CREMATORY 23d. LOCATION (City, town or county) (State)	Ī
-	Burial 3/1/1962 arlivator	Vational Arlination, Va.	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 251 REGISTRAR'S SIGNATURE	
	4.14.1 Chamber ) la Resentation	ML DATE MAR 5'62 Unithun S. Traus	
1	w, w. pramours in, your course,		_

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m a retained by the hospital or attending physician.

TO FUNERAL DISACTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

A DESCRIPTION OF THE PROPERTY OF THE PARTY O s- ... S. 3 tion of the same of the same un e li bodinerrenso oribetados, riente tuno, a un landesa (- lasacini e e e poun oribeta una unita nin se la la venge, avaga BARNET SARVES SARVES THE MELTINE La Character Mill Mill Comment of the

ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission) e. COUNTY a. STATE b. COUNTY Prince George's MARYLAND Marvland Prince George's b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Mt. Rainier Chever ly 15 days Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 3104 Taylor Street YES NO 3. NAME OF Middle Last 4. DATE Month Year DECEASED OF (Type or print) DEATH and c 5. SEX 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 7. MARRIED lest birthdey) Months Min. Female White WIDOWED K DIVORCED VPS. physician 10e. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME attending ph Then please MOTHER'S MAIDEN NAM = and WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, by unkown) | (Ifyes give war or detes of service) the 18. CAUSE OF DEATH (Enter only one ceusa per line for (a), (b), and (c). INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CenebraL IMMEDIATE CAUSE (a) DUE TO Hypertensive CARdio VASCULAR 1) isease Conditions, if eny, gava risa to immediate cause DUE TO (a), stating the underlying par has the buburial, ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 1 19. WAS AUTOPSY certificate PERFORMED? SE O NO prior 20e. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. While Not While Hour a.m. et work et work D.M 1960 to 4cb 21, 1962 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from June チェカント .19.6.2 and that death occurred at \$550 from the causes and on the date stated above. saw the deceased alive 22b. DATE 22e. SIGNATURE ATTENDING SIGNED MED PHYS. DIRECTOR PHYS. leath. Page 4 22c. PHYSICIAN'S 22d. ADDRESS 507 LOCATION (City, (Stete 23e. BURIAL, CREMATION, 23b. REMOVAL (Specify) S & S FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE FEB 2 8 '62 15M 9/60 arthur S. Fraces Junes

MARYLAND STATE DEPARTMENT OF HEALTH

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

. PLACE OF DEATH																		
a. COUNTY	O		11	2. USUAL RESIDE	NCE (Where			Residence	e before a	dmission								
Prince Ged	rges	MARYLAI	ND	a. STATE D	C.	b. cou	NIY											
b. CITY OR TOWN (if outside corporat	a limits,	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN	(If outside c	orporata limits, wri	te RURAL a	nd give n	earest low	n)								
Glenn Dale (rur	- 1	lyr, 4 m	10.	T.T.	- 1			11	nv	. 2								
d. NAME OF HOSPITAL OR INSTITUTI		l& 12 days		d. STREET ADDRESS	shing	rou			I a IS PI	SIDENCE								
Glenn Dale H		_				Capitol	St., N	E.	ON	NO E								
NAME OF	First	Middle		Last	4. DAT	E Mon	h	Day	Yee	-								
	bert		I	larbury	DEA	гн 3 2	2	4	19	62								
6. COLOR OR I	ACE 7. MA	RRIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In year			IF UNDER									
Male Negro		Separated DIVORCED	7	10/16	/1893	last birthday)	Months	Deys	Hours	Min.								
On. USUAL OCCUPATION (Give kind of done during most of working life, even if	work 10	b. KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (Con	1-012		)   12. Cl	TIZEN OF	WHAT	OUNTRY								
Unknown	renreal	Unknown		Unknown														
3. FATHER'S NAME		01111101111	( 1	4. MOTHER'S MAIDE	NAME					-								
Unknown				Unkr	lown													
5. WAS DECEASED EVER IN U.S. ARMED Yes, no, or unknown)   (If yas give wer or dat	FORCES?	16. SOCIAL SECURITY NO.	17. IN	FORMANT		Addres	is											
No (17 )	as or service)	Unknown	Dec	edent														
18. CAUSE OF DEATH [Enter onl	y one cause	per line for (e), (b), and (c).]					(left	) I INTE	RVAL BET	WEEN								
PART I. DEATH WAS CAUSED I	PART I. DEATH WAS CAUSED BY: Massive encephalomalacie frontal nerietal lohes ONSET AND DEATH																	
immediate cause (a) Trassive encephatomatacia, frontal partetal lobes, unknown																		
DUE TO																		
Conditions, if any, which																		
gave risa to immediate cause DUE TO artery																		
(a), stating the underlying DUE IO																		
DARY II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TENHAL DISTASS CONDITION CIVES IN DARY 1, 10 WAS AUTORS																		
PART II OTHER SIGNIFICANT CO	DNDITIONS	CONTRIBUTING TO DEATH RE	IT NOT	PELATED TO THE TERM	INAL DISEA	SE CONDITION GL	VENI IN DAD	Hypertensive heart disease: renal disease, left, probably pyelonephritis: "FRORMED?										
PART II OTHER SIGNIFICANT CO	t dise	contributing to DEATH BU	SER.S	RELATED TO THE TERM	roba.bl	v pvelon	ephri ephri	tis:	PERFO	UTOPSY RMED?								
PART II. OTHER SIGNIFICANT CO Hypertensive hear	t dise	ease; renal di	seas	e, left, p	robabl	y pyelon	ephri	tis;	PERFO	UTOPSY RMED? NO								
PART II. OTHER SIGNIFICANT CO Hypertensive hear	t dise	ease; renal di	seas	e, left, p	robabl	y pyelon	ephri	tis;	PERFO	RMED?								
PART II. OTHER SIGNIFICANT CO Hypertensive hear hypershaticularons or contributing [] cause of de (IF EITHER, NOTIFY MEDICAL EXAMI	t dise	ease; renal di	seas	e, left, p	robabl	y pyelon	ephri	tis;	PERFO	RMED?								
PART II. OTHER SIGNIFICANT CO Hypertensive hear hypershaticularons or contributing [] cause of de (IF EITHER, NOTIFY MEDICAL EXAMI	t dise	ease; renal di	SEAS	e, left, p	robabl	y pyelon	ephri	tis;	PERFO	RMED?								
PART II. OTHER SIGNIFICANT CO Hypertensive hear hypertensive hear hypertensive hear or contributing of cause of de (If EITHER, NOTIFY MEDICAL EXAMI 20c. TIME OF INJURY Month, Da Hour e.m.	hopner ATH NER)	ease; renal di	SEAS	e, left, p	robabl	y pyelon	ephri	tis;	PERFO	RMED?								
PART II. OTHER SIGNIFICANT CO Hypertensive hear hypertensive hear hypertensive hear hypertensive hear lypertensive hear cor contributing — cause of en- or contributing — cause of en- if either, notify medical exami 20c. Time of injury — Month, Da Hour • m. p.m.	hopner ATH NER)  y, Year 19	ease; renal di	SER S CURED. (I	e, left, p inter nature of injury in OF INJURY (Home, far, street, office bldg., el	robabl	y pyelon till of item 18.) City or town)	ephri (co	tis;	PERFO ES A	RMED? NO [								
PART II. OTHER SIGNIFICANT CO Hypertensive hear  The new part of the part of t	hopper	Od. INJURY OCCURRED 200 While Not While work et work	Sea S CURED. (I	of INURY (Home, fa., street, office bldg., el	robabl	y pyelon  I II of item 18.)  City or town)	(co	uniy)	es (I) (	RMED? NO [								
PART II. OTHER SIGNIFICANT CO Hypertensive hear hypertensive hear hypertensive hear hypertensive hear or contributing — cause of either, notify medical exami 20c. Time of injury — Month, Da Hour e.m. p.m.	hopper	Od. INJURY OCCURRED 200 While Not While work et work	Sea S CURED. (I	of INURY (Home, fa., street, office bldg., el	robabl	y pyelon  I II of item 18.)  City or town)	(co	uniy)	es (I) (	RMED? NO [								
PART II. OTHER SIGNIFICANT CO Hypertensive hear hypertensive hear hypertensive hear hypertensive hear or contributing [] cause of be (IF EITHER, NOTIFY MEDICAL EXAMI 20c. TIME OF INJURY Month, Da Hour e.m. p.m.	hopper	Od. INJURY OCCURRED 200 While Not While work et work	Sea S CURED. (I	of INJURY (Home, fa., street, office bidg., electh occured at	robabl	y pyelon If II of item 18.) City or town)  om the causes	(co	uniy)	at (I) (	RMED? NO [								
PART II. OTHER SIGNIFICANT CO Hypertensive hear  AV PERSHALL CINDENSIC OR CONTRIBUTING   CAUSE OF DE IIF EITHER, NOTIFY MEDICAL EXAMI  20c. TIME OF INJURY Month, Da Hour e.m. p.m.  21. I certify that (I) (this he saw the deceased alive on	hopper	Od. INJURY OCCURRED 200 While Not While work et work	Sea S CURED. (I	of INURY (Home, fa., street, office bldg., el	robabl	y pyelon  I II of item 18.)  City or town)	(co	uniy)	at (I) (	State) we) la								
PART II. OTHER SIGNIFICANT CO Hypertensive hear  AV READSHALL GINDRONG OR CONTRIBUTING II CAUSE OF DE IIF EITHER, NOTIFY MEDICAL EXAMI  20c. TIME OF INJURY Month, Da Hour e.m. p.m.  21. I certify that (I) (this he saw the deceased alive on  22c. SIGNATURE  22c. PHYSICIAN'S	hopper ATH NER   2 19 of ospital) al	od. INJURY OCCURRED 20e Work et work 19.62, and	Sea S CURED. (I	of INURY (Home, fa., street, office bldg., elegation occurred at	Pert I or Pa	y pyelon till of item 18.) City or town)  om the causes  STAFF PHYS.	(Co , 19 and on	unty) 2.62 th the dat	at (I) (	State) we) la								
PART II. OTHER SIGNIFICANT CO Hypertensive hear  AV READSHALL GINDRONG OR CONTRIBUTING II CAUSE OF DE IIF EITHER, NOTIFY MEDICAL EXAMI  20c. TIME OF INJURY Month, Da Hour e.m. p.m.  21. I certify that (I) (this he saw the deceased alive on  22c. SIGNATURE  22c. PHYSICIAN'S	hopper ATH NER   2 19 of ospital) al	Od. INJURY OCCURRED 200 While Not While work et work	Sea S CURED. (I	of INJURY (Home, fer, street, office bldg., eleath occured at	Perti or Pa	y pyelon  I II of item 18.)  City or town)  To 2/11/  om the causes  STAFF PHYS.   Dale Hos	(co	unty) 2.62 th the dat	at (I) (	State) we) la								
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY PRINCE GEORGES PRINCE GEORGES MARYLAND MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end giva neerest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL and give naerast town) ANDREWS AIR FORCE BASE 15 HRS 37 MIN GLASSMANOR C Pages filled e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? US AIR FORCE HOSPITAL YES NOXX 4904 NEPTUNE AVENUE completely NAME OF Middle 4. DATE Yaar Month DECEASED OF (Type or print) DEATH MARTA CARTLA MASLOG 19 62 FEBRUARY 19 pou 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) and Months FEMALE WIDOWED T DIVORCED **18 FEBRUARY 1962** 37 15 physician ove 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) PRINCE GEORGES, MARYLAND UNITED STATES NONE NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please VINCENTE MASLOG EVELYN E LEMAY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yas give war or detas of service) SAME AS ITEM #1 NONE MEDICAL RECORDS the 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] Primary atelectasis INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO has been a Conditions, if any, which geva rise to immediate cause DUE TO (e), steting the underlying certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY CATION PERFORMED? YES XX NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) D OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) factory, straat, offica bldg., atc.) Whila Not While at work n.m. OR: 21. I certify that (I) (this hospital) attended the deceased from 10 11 19 74 19 62 to 1138 19.62, and that death occurred at A.M. from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. Mester M.D. 22c. PHYSICIAN'S NAME (Type Capt USAF MC ector, (Stata) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county). BURIAL. dir. OI 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE FEB 23 15M 9/60

Item 18 Film 308 3-1 APARYLAND STATE DEPARTMENT OF HEALTH

HOSPITAL Page 4 FUNERAL VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	Silver		ing		15	16.	2	
	d. STREET AD	DRESS					ON A	FARM?
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	Last		4. DATE OF DEATH	Feb. 4,		Day		rear
1	B. DATE OF BIRTH			9. AGE (In years		1 YEAR	IF UNDE	R 24 HRS.
	Dec. 21,	1870		last birthday)	Months	Days	Hours	Min.
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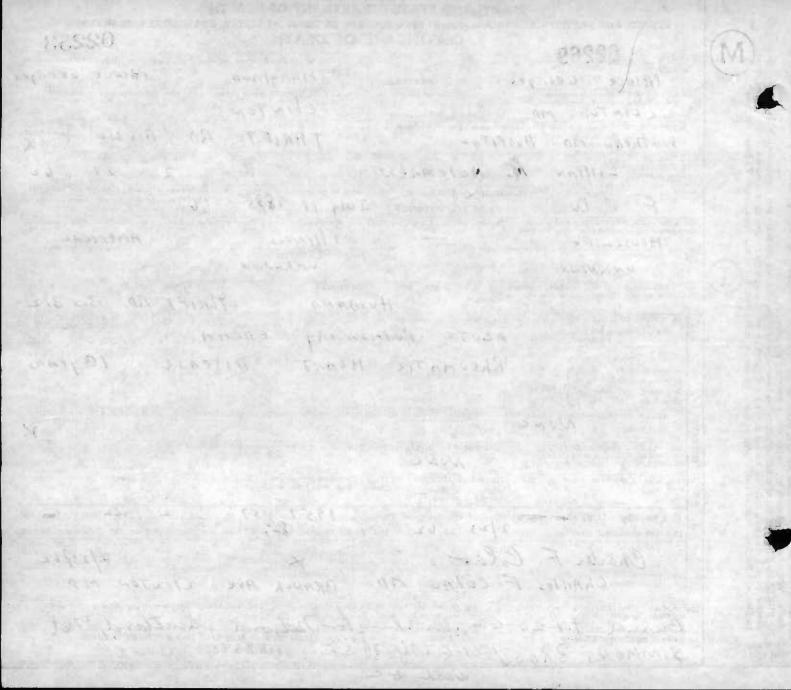
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Georges PRINCE MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporata timits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) CLINTON Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE Box 312 ON A FARM? HOSPITH 6 MD. YES NO 3. NAME OF Middle DATE Month DECEASED OF MCLEAREN (Typa or print) DEATH 19 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthday) Months WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) dona during most of working life, avan if retired) IlINOLS AMERICAN Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please = affending UNKNOWN UNKNEWN Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (If yes give war or dates of servica) ThRIFT RD. Box 3/2 HUSBAND 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PULMONARY IMMEDIATE CAUSE (a) DUE TO Rheumatic HEART gave rise to immediate causa DUE TO (a), stating tha underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NONE NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NONE 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) factory, street, office bldg., atc.) Whila Not While Hour a.m. at work at work p.m. CIOR: 21. | certify that (I) (this hospital) attended the deceased from........... 19 62 and that death occurred a M. from the causes and on the date stated above. saw the deceased alive on..... 22a. SIGNATUR DATE SIGNED ATTENDING DIRECTOR PHYS. M.D. death, Page 4 22c. PHYSICIAN'S CHNTON BRANCH 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) 0 = 3 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) FEB 2 6 '62 arthur & thouse 15M 9/60



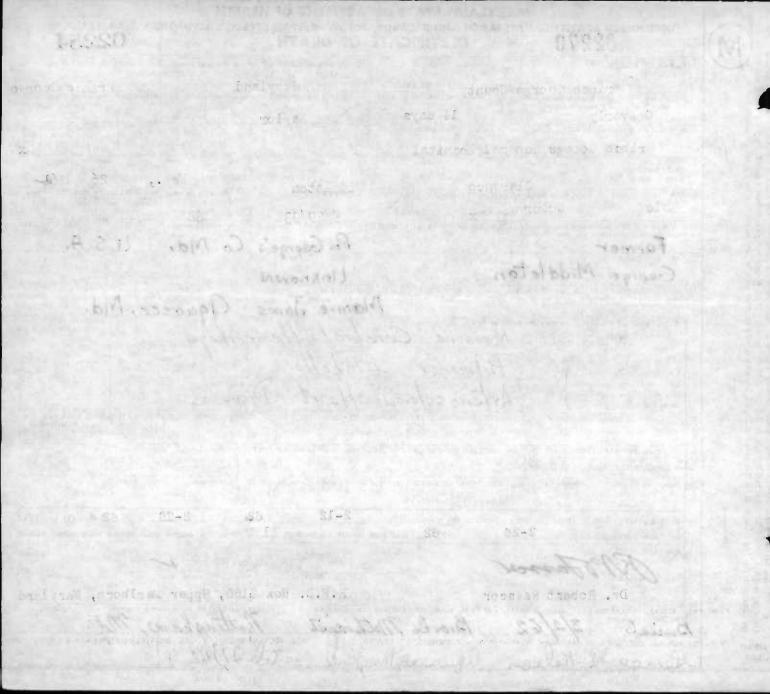
# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02254

1.	PLACE OF DEATH				NCE (Whare dacaasad lived, If insti	itution: Residance bafore admission)
			- Sew Dart was	a. STATE	b. COUNTY	70 1 0
-	L CITY OF TOWN	rince Ceorge	County MARYLAN	The ANCITY OF TOWN	ryland I (If outside corporate limits, write RU	Prince George
	write RURAL and	give neerest lown)		C. CITTOR TOWN	(if ourside corporate limits, write Ko	DKAL and give nacion lown;
	Chever	rly	14 days	Nav:	lor	
	d. NAME OF HOSPIT	TAL OR INSTITUTION (if no	ot in hospital, give straat address)	d. STREET ADDRES		e. IS RESIDENCE
	Prince	George Gene	eral Hospital			YES NO G
3.	NAME OF DECEASED	First	Middla	Losi	4. DATE Month	Day Year
	(Type or print)	-			DEATH Feb.,	26 1961
5	SEX	IA COLOR OR PACEL	rance	Middlaton	9. AGE (In years   IF	
1	Male	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	O. DAIL OF BIATH	1	onths Days Hours Min.
	Titlet T.O	Color	VIDOWED DIVORCED	5/29/93	68 Yrs.	
10	. USUAL OCCUPATI	ION (Giva kind of work	106. KIND OF BUSINESS OR IND	USTRY   11. BIRTHPLACE (Co.	unty & Stata, or foraign country)	12. CITIZEN OF WHAT COUNTRY?
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12	Tarme.			14. MOTHER'S MAIDE	es co./Vla.	CI, JITI
13.		M'111 +		14. MOTHER S MAIDE	NAME	
	George.	rilidalera	n	Unknew	INI	
15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES	S?   16. SOCIAL SECURITY NO.		Address	
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-	10 0 0 0 0 0	TO SE PROVE (F. ).		LIGHTE DOI	res (Iquasc	
			use per lina for (a), (b), and (c).	1.///	/	ONSET AND DEATH
		H WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Massive Ce	erebral 140	emorrhaga	
	4/5	2 O ADUE TO		- 11		
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	Conditions, if any gave rise to immadi	(4)	12 imona.	7		
	(a), stating tha u	DISE TO	1 /	. 11 . 7	1).	STATE OF THE PARTY.
	causa last.	(c)	HYLLY10 Scleros	is itearl	Diseases.	
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO -
문	20a. ACCIDENT W.	AS UNDERLYING TILL 2	Ob. DESCRIBE HOW INJURY OCC	URED. (Enter natura of injury I	n Part I or Part II of itam 18.)	1
ERT	OR CONTRIBUTING	CAUSE OF DEATH				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJU Hour a.m.	RY Month, Day, Year	20d. INJURY OCCURRED 20a While Not Whila at work et work	<ul> <li>PLACE OF INJURY (Home, fa factory, street, offica bldg., e</li> </ul>		(County) (Stata)
1				2-12	162 . 2.26	, 19.62, that (I) (we) last
	21. I certify to	hat (I) (this hospital)	attended the deceased fr	om,		
	saw the deceas	sed alive on 4-4	19.52., and	that death occured at.	119M from the causes an	d on the date stated above.
	228. SIGNATURE		1.1	ATTENDING	AAFD CTAFF	22b. DATE SIGNED
	KI	man Inne		M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	SIGNED
	22c. REVISICIAN'S	1 Justo	4	22d. ADDRESS		
	NAME (Iypa)	Dahaut da		ם ממם	0150 11	73.
	Dr.	. Robert Sass			ox 2150, Upper Ma	
23	BURIAL, CREMATI		F 23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION (City, town	or county) (Stata)
1	REMOVAL (Spacify)	3/2/62	Brooks 1	nothodasit	Mattenahami	· Md.
24	FUNERAL DIRECTOR	S SIGNATUREA	ADDRESS	25e. R	REC'D BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE
24	O O	00 L	a. A	-       -	- 1) 12/6h	
-	JOSIGP -	The Relagi	(Brange ,	DATE -	120 01/162	
	0			1	MAR 7 '62	autur S. Home
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# FOR STATE HEALTH DEPT.

TO DEPUTY ME. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is pecessary, please execute the examined within 24 hours after death. If any delay is pecessary, a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02271 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02255

	1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDEN	ICE (Whare deceased livad, If b. COU		ce before adn	mission)
1		e George	S MARYLAND	Mary	yland P	rince G		
V	b. CITY OR TOWN (if outside write RURAL and give no		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	If outsida corporate limits, writ	le RURAL end give	naarest fown)	
4	Cheve			27 Seat	t Pleasant			
2	d. NAME OF HOSPITAL OR	INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS			a. IS RESII	
	Prince Geor	ge's Gene	ral Hospital	604 72	2nd. Place		YES N	10 F
	3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont		Yeer	
	(Type or print)	Betty	May	Miller	DEATH Februa	ry 12	, 196	2
	5. SEX 6. CO	LOR OR RACE 7. MARR	RIED NEVER MARRIED	DATE OF BIRTH	9. AGE (In years last birthday)	Months Days		4 HRS.
		hite   widow	VED DIVORCED	August 8,	1930 31 yrs.	Monnis Days		
	10s. USUAL OCCUPATION (Girdone during most of working life	ve kind of work 10b.	KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN O	F WHAT CO	UNTRY?
	Waitress		Food	Virgin		U,	S.A.	
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
		Jenkins		Viola T	homason			
	15. WAS DECEASED EVER IN U. (Yes, no, or unkown)   (Ifyesgiva		6. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	iš.		
	No			lugene Lero	y Miller	Same as	#2	-
	18. CAUSE OF DEATH		r line for (a), (b), end (c).]			1 INT	ISET AND DEA	
	PART I. DEATH WAS	ATE CAUSE (e)	Coronary o	celusion				
	1-70-1	DUE TO		0		STATE IN		
	Conditions, if any, which	101	Coronary a	irtery dise	ase			
	gave rise to immediate caus (a), stating the underlyin	DITE TO				3 4 4		
	cause last.	) (c)						
1	PART II. OTHER SIGNIF	ICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 1	PERFORM	
	CAT						YES NO	0
1	PART II. OTHER SIGNIF		CRIBE HOW INJURY OCCURED.	Entar nature of injury in Pe	rt I or Pert II of item 18.)			
	20c. TIME OF INJURY A	Month, Day, Year 20d		ACE OF INJURY (Home, ferr tory, street, office bldg., etc		(County)	(St	tate)
	p.m.	19 at w						
	21. I certify that I to	ok charge of the re	emains described above, he	eld an Autopsy .	Inspection X. Inqui	iry 🔀, and	in my opin	nion
	death resulted from:	Natural causes	Accident , Suid	ide . Homicide	, Undetermined r	manner		
ı	$\cap$			CHIEF MEDICAL	EXAMINER			
	ACTUAL SIGNATURE	arres "	J. Donel	M.D. ASSISTANT MED	DICAL EXAMINER	E	ATE SIGN	ED
1	EXAMINER'S			DEPUTY MEDICA	L EXAMINER	2,	/12/69	2
:	NAME (Type)	JAMES I.	BOYD, M.D.		city, town, or county)			
1		/14/62	Arlington Na		Arlington,	n, or country)	Va.	
1		/	ADDRESS		C'D BY REGISTRAR   24b. REG	CICTRAP'S SIGNIATI	201	
	Francis Gascl	hie Sone I	Hyattsville, Ma			Thun S. Kraw		
	Francis Gasci	I 9 DOILS I	Tyattaville, Ma	T y Land   DATE E	4 1 0 02			

VS. A15ME 5M 9/60

\$ \$ AND THE PARTY OF T The second of energy of the transfer of the factor of the THE BOTH STATE OF THE STATE OF Dariel Soliton Soliton Arlington Mandon Arlington, Fearuse Casen's Sons, Hyattaville, Maryland , res a la

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m the relatined by the hospital or attending physician.

TO FUNERAL DESCIOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers.

VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02272

Ltems 25 Film 6307 2/20/02 jwk

1	- COUNTY
	Privee Steolige MARYLAND 6. COUNTY
仁	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
-	write RURAL and give nearest town)  Rahal Adelphi  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE
-2	Baint branch Nunsing Home 2604 Key Blyd VES NO LAST NAME OF First Nunsing Home Last 4. DATE Month Day Year
,	DECEASED OF
47	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
_	F While WIDOWED DIVORCED Oct 2 1888 78 yrs. Months Deys Hours Min.
	Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
1	Houswise AMHSTVa. 2.5.H.
	clahence J Campbell Sanah Ferman Bans
1 (	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO.) 17. INFORMANT  Address  (es, no, or unknown) (Ifyesgive wer or dates of services)
=	No Hone Nunsing Home reconds.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY:
ľ	IMMEDIATE CAUSE (a)
	Conditions, if any, which (b) Hyderic selesofic Carolio Jaxafac Desease 10 715
	gave rise to immediate cause
L	(e), stating the underlying DUE TO
١,	cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
CEBTIEICA TION	PERFORMED? YES NO NO
CEBTICI	2Db. ACCIDENT WAS UNDERLYING ☐   2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)
LA COLORA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)  Hour a.m. While Not While at work et work et work
ľ	21. I certify that (I) (this hospital) attended the deceased from 10-2-8 1957 to 2-17 1962, that (I) (we) last
ŀ	saw the deceased alive on 2 = 16 = 1962, and that death occurred at 2 M, from the causes and on the date stated above.
	22b. DATE 22b. DATE
ı	James In a tribular Charles Attending MED. STAFF DIRECTOR
	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS Taylor Fell out
2	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 2/20/62 Green Hill Cem. Buena Vista, Va.
2	4 FUNERAL DIRECTORS SIGNATURE LESS LESS LESS LESS REGISTRAR'S SIGNATURE  DATE  DATE
-	C FT TI GLOWING

22322 A Water But Barrell Secretary Several Services Venet from A Marin House Sugar Sales Acres Brigary Edelayde Edward Francisco Marie Company Lugar Farmon Same The second of the second of the second Property of the control of the contr

	tem 18 Fil	rm 207 2-19	WARYL	AND STAT	TE DEP	ARTMENT	OF H	EALTH				
M	DIVISION	273 Ite	m 3, 1	CERTIFIC	CATE	OF DEA	TH Jml	REET, B	ALTIMO	RE 1, MA	022	57
1	a. COUNTY Prince Ge			MARY	LAND 2	. USUAL RES		Yhare dacea:	_ b. COUN	institution: Ras		re admission
	b. CITY OR TOWN ( write RURAL and Chever ly	if outside corporate limit I give nearast town)	3,	LENGTH OF STA	Y IN 1b	c. CITY OR TO		ide corporati	limits, write	e RURAL and	giva nearast	town)
77	m .	ral or institution (i	_		ess)	Route	11	Box	460			S RESIDENC
	3. NAME OF DECEASED (Typa or print)	First / Phori	s Fari	Middle		Morgal		DATE OF DEATH	Month		Day	Year 19 62
	5. SEX Male	6. COLOR OR RACE		NEVER MARRIE	D   8. D	2-27-18	70	9. A		IF UNDER 1 Y		DER 24 HRS
I	10a. USUAL OCCUPAT done during most of Avo	TION (Giva kind of work orking lifa, aven if ratire	10b. KIND	OF BUSINESS OR	harrid	BIRTHPLACE	estr	10-		12. CITIZ	EN OF WH	T COUNTRY
		YER IN U.S. ARMED FOR		CIAL SECURITY NO	0. 17 INF	FORMANT	Elm	er n	hel	ler gal,	80	~
	1	fate cause		nor (a), (b), and (c) ngestive H. F.	Hear	Failu Wowl ioscler	1	webral	CV.	A.		Retween ND DEATH Known
0		R SIGNIFICANT CONDIT	IONS CONTE	RIBUTING TO DEAT	H BUT NOT F	RELATED TO THE	TERMINAL C	DISEASE CON	IDITION GIV	VEN IN PART 1	(a) 19. WA	AS AUTOPS'
	2Da. ACCIDENT W OP. CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DESCR	IBE HOW INJURY	OCCURED. (E	ntar natura of in	jury in Part I	or Part II of	tam 18.)			
	2Dc. TIME OF INJU Hour a.m.	JRY Month, Day, Yes	Whila at work [	Not While at work	20e. PLACE factory	OF INJURY (Hos, streat, office blo	na, farm, 2 ig., atc.)	Dł. (City or	lown)	(Count	ly)	(Stata)
		that (I) (this hospit	al) attende	d the deceased		eath occured	at 3. P.N	, to 1, from th	/ / -	, 19 and on th		
		7 0				ATTENDING	MED.		STAFF PHYS.	/	3F	22b. DATE SIGN
	22a. SIGNATURE	Moaro	de		M.D.		SS					
1	22a. SIGNATURE 22c. PHASICIAN'S NAME (Typa	Dr. Robert		Sassoer		R.F.D.	Box 2			Marlbon	ro, Mo	•
	22c. PHERICIAN'S	10N, 23b. DATE THER		Sassoer  23c., NAME OF CI  ADDRESS		R.F.D.	Box 2	d. LOCATIO	ON (City, to	Marlbon wn or county)	L,	n. Md

stagical contill ets con again Total Carlor Carlor Carlor The rot of all all the plant of the set of t to route ation of the second esim Comment of the Comment I amount to the second of the Well Briefly The second of th Dr. Hobert B.J. Surador - R. P.O. Pox Alfo, Oppur Latione, 16. The second of th

the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour death. Page 4 m be retained by the hospital or attending physician.

TO FUNERAL SCTOR: After this certificate has been signed by the attending physician and completely filled the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

-54

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02258 02274

	CO SALLER B. LA.										
1. PLACE OF DEAT				2	. USUAL RESIDENCE	CE (Whare d			sidenc	e before e	edmission)
PRINCE (	EORGES		MARYLAN	ID I	VIRGINIA	4	b. COUN	IRFAX			
b. CITY OR TOWN	(if outsida corporata limi	its,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If				give n	earest tov	vn)
	ATD CODOR T	TOAC			4 3737 4 3775 4 7			83 x	- 2		
The second secon	AIR FORCE E		sitel give street address)		d, STREET ADDRESS	<u>aE</u>		3 7 7	1	l e. IS R	ESIDENCE
4. 11.00.2 07 11031	TIME OR INSTITUTION (	11 1103 111 1103	iller, give siteer educess,		d. JIRLET ADDRESS					ON	A FARM?
	ORCE HOSPIT	TAL			305 CHAE					YES	NO XX
3. NAME OF DECEASED	First		Middle	1	Last	4. DATE OF	Month		Dey	Yee	
(Type or print)	AR	NOL	D		MULLINS	DEATH	teb		4	19	62
5. SEX	6. COLOR OR RACE		NEVER MARRIED	1 8. C	ATE OF BIRTH	19	last birthdey)	IF UNDER 1		IF UNDER	
MALE	CAUCASIAN	WIDOWED	DIVORCED	29	OCTOBER 19	922	39 yrs.	Months D	ays	Hours	Min.
10a. USUAL OCCUPA	TION (Giva kind of worl	k   10b. KI	ND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Count	y & Stele, or	foreign country)	12. CITIZ	ZEN OF	WHAT	COUNTRY?
PILOT	orking life, even if retire		ATD ECDOE		MOCCY BOTT	YOM PT	enimious.	TIME		CT A T	TO
13. FATHER'S NAME		03	AIR FORCE	1.1	MOSSY BOTT		MIUCKY	UNIT	ED	STAT	E2
	T WILL THO										
	L MULLINS	orra la	CO CLAL CE CUIDINA	-	ALKA WELLS		0.1.1				
	VER IN U.S. ARMED FOR (Ifyes give wer or dates of s		SOCIAL SECURITY NO. 1	17. INI	ORMANT		Address				
YES	1942-Preser	it   40	6-12-4732	PER	SONNEL RECO	RDS				400	
	DEATH [Enter only one	ceuse per li	ne for (e), (b), end (c).]							SET AND	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	MULI	TIPLE FRACTU	RES						MEDI	
260	DUE TO								-		
Conditions, if ar		HEMC	THORAX						TM	MEDIA	A TTE
geve rise to imme	diate ceuse		IIIOICAL						TLE	TEDIE	ATE
(a), steting the	underlying DUE TO		MOTUOD AV						TNO	ACT D.T.	A PERSON
cause lest.	) (c)		MOTHORAX						-	MEDIA	
PART II. OTH  OF CONTRIBUTION  (IF EITHER, NOTIF	ER SIGNIFICANT CONDI	ITIONS CON	TRIBUTING TO DEATH BU	IT NOT I	ELATED TO THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	1(e) 15	PERFC	ORMED?
8									Y	ES K	NO [
20e. ACCIDENT	VAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URED. (E	nter neture of injury in P	Pert I or Part	ll of item 18.)				
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)	AIRE	LANE CRASH								
3 20c. TIME OF IN.	URY Month, Day, Ya	ar   20d.	NJURY OCCURRED \$ 200				y or town)	(Coun	ity)		(Stata)
20c. TIME OF IN.	INCETO	While et work			, street, office bldg., etc.;		EWS AIR	FORCE	BAS	E. M	D
-					HT LINE	1					
21. I certify	that (I) (XLXXXXXXXXX	A attend	ded the deceased fr	om <del>1</del>	repruary.,	19.02, 10		HALL Y 19	94 II	iat (1)	(www) las
saw the dece	ased alive on 4	ebruar	y 19 62, and	that d	eath occured at	M, from	n the causes	and on th	ne da		
220. SISNATUR	11,000	0			ATTENDING M	AED.	STAFF			221	SIGNED
all	( POSCIL	nel		M.D.		RECTOR [	PHYS. X		-	4 Fel	
22c. PHYSICIAN	S				22d. ADDRESS						
JNAME (TYP	ALBERT D C	ARILLI	, Capt USAF	MC	USAF HOSPI	TAL, A	ANDREWS A	AIR FO	RCE	BASI	E, MD
23a. BURIAL, CREMA	TION, 236. DAJE THE	REOF	23c. NAME OF CEMET	ERY OR	CREMATORY	23d. LOC	ATION (City, to	wn or county	)	, (5	Stete)
PEMOVAL (Specif	1) 9/9/	62	ARW N	47	- CEM	FOR	TMU	-P	1/	17	
24 FUNERAL DIRECTS	11/	-	ADDRESS (7)	ange !	ID JASS DEC	'D BY REGIS	TRAR 256 DE	GISTRAR'S S	IGNAT	LIRE	
10 / WI	DANDED	0/0	CEF WESS	1-1	- =	- 0 1/			10		
FYRYLM	TO DE IT	50	SENASI	HL	DATE FE	M R 't	52   a	ethur X.	1 Mal	(Jih	

a. water

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MARCHITCOURS

TOP SECRETARY STATES OF THE PROPERTY AND AND PORCE THEE, MO.

STREET GOARDIN, COR DIAF NO DEAF HOUSELESS, MUREUS ARE TORCE BUT.

305 CHARLES BRIVE

1 12/2/21

29 OCTOBER 1922 x 59

HORSY BOTTOM, KENTUCKY THETEN STREET

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02275

CERTIFICATE OF DEATH

02259

1. PLACE OF DEATH	ce Georges		MARYLAND	- STATE	ryland	e decassad lived, If b. COUN	ITY .	e Geor	
b. CITY OR TOWN (if write RURAL end Piscataw	outside corporate limit give neerest town)	rs,	c. LENGTH OF STAY IN 16	c. CITY OR TOV		corporate limits, write	RURAL and g	ive nearest to	wn)
	8	f not in hos	pital, give street address)	d. STREET ADDR	RESS			10	RESIDENCE A FARM? NO
3. NAME OF	First		Middle	Last		4. DATE Month		Day Ya	ar
(Type or print)	MAR	Y	L.	MUNSON		DEATH Feb.		9, 1962	
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH		9. AGF (In years			ER 24 HRS.
Female	Negro	WIDOWE		Oct 2, 189	91	70 yrs.	Months De	ys Hours	Min.
10e. USUAL OCCUPATION			ND OF BUSINESS OR INDUS			, or foreign country)	12. CITIZI	N OF WHAT	COUNTRY
done during most of wor Housewif			nestic	Maryla	and		U.S.	A.	
13. FATHER'S NAME			2	14. MOTHER'S MAI	IDEN NAME				
Francis But	ler			Elizabet	th Newma	an			
15. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	3		-
(Yes, no, or unkown) (If	yesg ive wer or detes of s	arvicaj	None Th	nomas Munson	n, 8730	Old Ft.	Rd., Wa	sh, D.	C.
18. CAUSE OF D	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]								
	WAS CAUSED BY:	PN	EUMONIA					SHSET AND	15
4-93	DUE TO								
Conditions, if eny									
gave rise to immedie	ete ceusa								
(a), steting tha unceuse lest.	derlying						WATE		
Z PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	EN IN PART 1	(e) 19. WAS	AUTOPSY ORMED?
AR	TERIOSCL			DISEASE			4	YES	NO 1
U (IF EITHER, NOTIFY	AS UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enter nature of inju	ry In Part I or Pe	ed II of item 18.)			
2Dc. TIME OF INJUI Hour e.m.	lat work last work last last last last last last last last								
21. I certify th	nat (I) (this hospit	al) atten	ded the deceased from	Feb. 9th.	19.62	to Feb.	th, 196.	1, that (1)	(we) last
			h , 19.61 , and th						
22e. SIGNATURE						STAFF PHYS.	Fe	b. 9th	SIGNED
22c. PHÝSICIAN'S NAME (Type)	PAUL CH	EN, A	1. D.	22d. ADDRESS	OKEEK,	MD.			
23a. BURIAL, CREMATIC BURIAL (Specify)	2-13-62	REOF	23c. NAME OF CEMETER St Marys	Y OR CREMATORY		ocation (city, 10			(State)
24 FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	25e		GISTRAR 256. RE	GISTRAR'S SIG	GNATURE	
The Huntt F	uneral Hom	e. Wal	Ldorf, Maryla	nd par	ECER 14	162 a	Thur S. T	rail	
		7	, , , ,	1871	FEB 1-1				

1 P About the facility of the control of

FOR STATE

HEALTH DEPT

TO DEPUTY NET. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nepersary, please execute the conflicate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral direct page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your riles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 apr 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 7 hours after death.

VS. A15MP) 5M 9/6D

# MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS,

02260 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02275

1.	e. COUNTY				1,4	a. STATE	ENCE (When	e deceased lived, If b. COU		Residence	e before e	dmission)
_	Pr	ince Geor	rge 1 g		YLAND	Ma	rylan	d	Prin			gels
		outside corporale limit give nearest town)	is,	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOW	/N (If outside o	corporate limits, writ	e RURAL end	d give n	earest low	n)
	Chev	erly		D. O. A.		46 Brentw	rood					
	d. NAME OF HOSPIT	AL OR INSTITUTION (	f not in hospit	el, give sireer ede	iress)	d. STREET ADDR	ESS					SIDENCE A FARM?
	Prince G	eorge's	enera	1 Hospi	ital	4412 3	sath s	treet			YES [	NO DX
3.	NAME OF DECEASED	First		Middle		Last	4. DAT		h	Day	Yeer	
	(Type or print)	Uannu	V m	ancis	Nº 3 c	holson	DEA	TH Febru	9237	19	19	62
5.	SEX	6. COLOR OR RACE		NEVER MARRI		DATE OF BIRTH		9. AGE (In years	IF UNDER 1		IF UNDER	
	Male	White	WIDOWED	DIVORC	ED   N	larch 7.	1878	83 yrs.	Months	Days	Hours	Min.
	. USUAL OCCUPATION	ON (Give kind of work		D OF BUSINESS O		-	tete or foreign	country)	12. CIT	IZEN OF	WHAT C	OUNTRY?
do	Baker	king life, even if retire		ood		Virgini	9			U.S	. A.	
13.	FATHER'S NAME		-	004		14. MOTHER'S MAIL				0.0		
	Andnew	. Nichol	ann			Fannie	Rent	lett				
15.		R IN U.S. ARMED FOR		OCIAL SECURITY	NO.  17. IP		Dai	Addres	8			
		yes give wer or detes of se		8-09-67	07 7	about Ex	annata	Mischal	202	G am	0 00	4 9
-	NO CAUSE OF D	EATH [Enter only one				lobert Fr	ancia	MTGIMIT	BOII,		ERVAL BET	-
		WAS CAUSED BY				4. 4. 9	4 0				SET AND	
	FILLIO	MMEDIATE CAUSE (e)		Acute	conge	estive he	eart I	allure		-		
	- Total	DUE TO										
	Conditions, if eny,	(10)		Cardio	Vasci	lar rens	al dis	ease				
	(a), stating the un	DUE TO										
	cause last.	) (c)										
NO	PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTI	RIBUTING TO DEA	TH BUT NOT	RELATED TO THE TE	RMINAL DISEA	SE CONDITION GI	VEN IN PART	1(a) 19	PERFO	UTOPSY RMED?
CAT										Y	ES 🗌	K ON
CERTIFICATION	20a. EXTERNAL CA		ОЬ. DESCRIBE	HOW INJURY O	CCURED. (Er	ter neture of Injury in	Part I or Part	Il of item 1B.)				
· .	CAUSE OF DEATH.											
MEDICAL	20c. TIME OF INJUI	RY Month, Dey, Yes		JURY OCCURRED		E OF INJURY (Home,		(City or town)	(Cou	nty)		(Stete)
WEDI	Hour e.m.	19	While et work	Not While et work	Tacio	y, silver, office bidg.,	, 616.1/					
-		at I took charge o	f the remai	ins described a	bove, hel	an Autopsy	, Inspecti	on X, Inqui	ry X.	and	in my o	pinion
	death resulted for			Accident	1. Suicio		de 🗍	Undetermined r	nanner	1	100	
1		1	Lath			CHIEF MEDIC	AL EXAMINER					
	ACTUAL		1 9	03	0	ACCICTANT	MEDICAL EXA			D.	ATE SIG	NED
	SIGNATURE	Junes		Lon	1	M.D.	ICAL EXAMIN				1.0	
	EXAMINER'S (	JAMES T	. BOY	D. M.D.				446	2	3/18	3/62	
22	a. BURIAL, CREMATIO	N. 22b. DATE THERE		2c. NAME OF CE	METERY OR		22d. LO	CATION (City, tow	n, or country	)	, (State	•}
1	REMOVAL (Specify)		1.9	T. S. F	0 1	0 6	RO	0 0		, Or	no	
23	3 WWAF	ムーノム	-62	TION O	mee	en Com	REC'D BY DEC	GISTRAR   24b. REG	GISTRARES	IGNATU	RE	
1	N.W. Ph	umbers	Low.	River	dal	o mas			U	4.		
1			3.0		4	7 DATE	LED Z I	02   CL	sting .	Train	6	

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02261

	T LEM O	FILE GOVE C	DADE TAK				
1. PLACE OF DEATH 6. COUNTY				ENCE (Where deceased	l livad, If institution b. COUNTY	n: Residence b	efore admission)
Prince Geo	County	MARYLAND	a. STATE Ma	ryland	B. COONIT	Princ	e Geo.
b. CITY OR TOWN (if o	utside corporele limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corporete li	mils, write RURAL	end give naer	est fown)
write RURAL and gi	ve neerest town)	and manth	40 RT	adensburg			
	L OR INSTITUTION (if not in h	one month	d. STREET ADDRE			10	. IS RESIDENCE
		oop.iidi, gira diradi oodiida,			1		ON A FARM?
	o. Gen. Hosp.		490	-	- 9		ES NO X
3. NAME OF DECEASED	First	Mid dle	Lest	4. DATE OF	Month	Dey	Yeer
(Type or print)	Percy	M.	Norman	DEATH	2	3	19 62
5. SEX 6	S. COLOR OR RACE 7. MARR	HED NEVER MARRIED	B. DATE OF BIRTH		(In yeers   IF UNDE		UNDER 24 HRS.
## Male	W WIDOW		6-5-95//	1894 67	yrs. Months	Deys H	ours Min.
10e. USUAL OCCUPATION	N (Give kind of work   10b.	KIND OF BUSINESS OR INDUST	- 441	ounty & Slete, or foreign		CITIZEN OF W	HAT COUNTRY
done during most of worki	ng life, even if retired)					** **	
Ret. Fore	man st.	Elizabeth's H				U.S.	Α.
13. FATHER'S NAME	a 1 TT AT.		14. MOTHER'S MAID				
J	oseph H. Nor	man	Sara	th Marshall	_		
	IN U.S. ARMED FORCES? 10	S. SOCIAL SECURITY NO. 17.	INFORMANT		Address		
Yes	W ar or detes of service)	V	irginia M.	Norman s	ame as #	#2 (Wi	fe)
IB. CAUSE OF DEA	ATH [Enter only one couse pe	r line for (a), (b), and (c).]	1 11				AL BETWEEN
	WAS CAUSED BY:	Corobi	n/ Ab	S CESS.		/	AND DEATH
3 1	MEDIATE CAUSE (0)		, ,				2260
2/2	DUE TO					1 250	
Conditions, if eny	1-1						
geve rise to immediate (e), stating the und	DITE TO						
ceuse lest.	(c)						
Z PART II. OTHER S		ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE COND	TION GIVEN IN PA	ART 1(e)   19. 1	WAS AUTOPSY
PART II. OTHER S  20e. ACCIDENT WAS OR CONTRIBUTING [ OR CONTRIBUT						YES	PERFORMED?
S A S S I D T A A A A	TIMES VINO ET L'OOL D	ESCRIBE HOW INJURY OCCURE	D (Entrsture of inform	to Don't Law Book II of ite	- 1D 1	11.3	No L
OR CONTRIBUTING	CAUSE OF DEATH	EZCKIBE HOW INJUST OCCORE	D. (Enter neture of injury	In Pass I of Pett II of He	III 10.)		
	EDICAL EXAMINER)						
S 20c. TIME OF INJURY			ACE OF INJURY (Home, tory, street, office bldg.,		wn) (C	County)	(Slale)
20c. TIME OF INJURY Hour e.m.	19 et w	THE PARTY OF THE P	ciory, ander, emice brage,	1			
		anded the deserred from	1-4-62	., 19, to	2-3-62	10 that	(I) (wa) las
21. I certify tha	2-3-62	anded the deceased from , and tha		•00 PM			(1) (We) 103
	d alive on	, and tha	death occured at	MA From the	causes and or	n ine date	
22e. SIGNATURE	2		ATTENDING		AFF		226. DATE SIGNED
1/1//	Jassey	- 1	M.D. PHYS.	DIRECTOR PH	YS.		
22c PHYSICIAN'S NAME (Type)			22d. ADDRESS				
	. Robert B.G.S	asscer	R.F.D.	Box 2150,	Jpper Mar	:lboro,	Md.
23e. BURIAL, CREMATION		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or co	unty)	(Stete)
Burial (Specify)	2/7/62	Ft. Lincoln		Colma	ar Manor	c,	Md.
			lar-	REC'D BY REGISTRAR	25h DECISTRAD	'S SIGNATUR	E
24 FUNERAL DIRECTOR'S		ADDRESS					
Francis Ga	sch's Sons	Iyattsville, Ma	ryland DATE	FEB 8 '62	arthu	7 S. Thous	A

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 may retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 director, page 5 state Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after d VR A15 (4) 15M 9/60

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Ref. For entain 8th Elifabeta's Hospit M. cyland ............ U.S. 1.

Virginia M. Norman same as \$2 (Vide)

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# MARYLAND STATE DEPARTMENT OF HEALTH

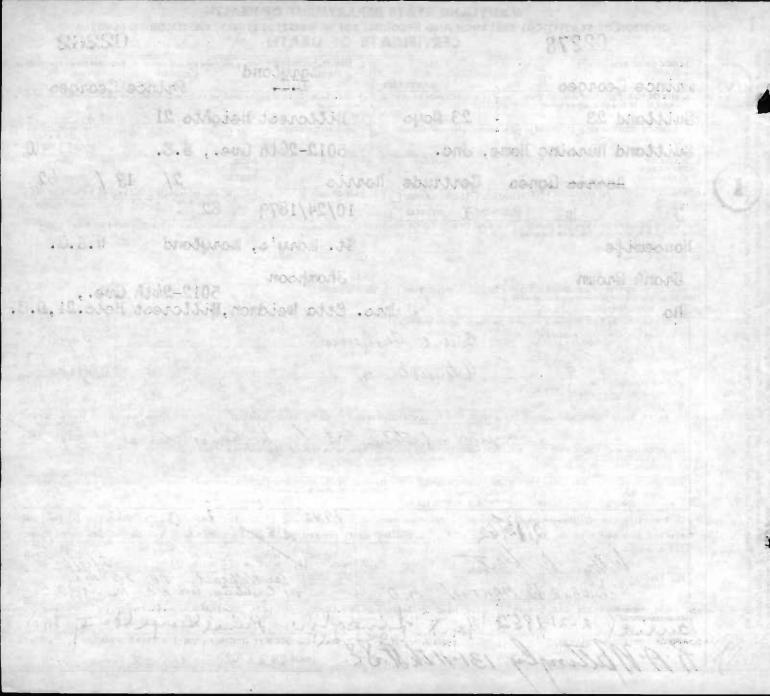
of statistical research and records, 301 w. preston street, Baltimore 1, MARYLAND 02262

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if inst	
Prince Georges	MARYLAND	a. STATELLA USA DE COUNTY	
b. CITY OR TOWN lif outside corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write R	URAL end give neerestrown
Write KUKAL end give nearest town)	00 0	1871.00 1 71-1-21. 01	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	23 Nays	Hillcrest Heights 21	e. IS RESIDENCE
at the state of th	spirat, give sitem educas;	The state of the s	ON A FARMI
Suitland Nursing Home	. Inc.	5012-26th ave. S.E.	YES NO W
3. NAME OF First DECEASED	Middle	Last 4. DATE Month	Dey Year
(Type or print) horris agnes	Certrude N	orris DEATH 2/	18 / 19 62
	ED NEVER MARRIED B	1 -1 -1 -1 -1 -1	UNDER 1 YEAR IF UNDER 24 HRS.
In widowi	ED TO DIVORCED	10/24/1879 82 yrs. N	Aonths Days Hours Min.
Cr W	CIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)			1. 0 0
13. FATHER'S NAME		St. Mary's, Maryland	11.0.0.
Frank Brown  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17. I	Thompson 5010 months	+1 C
(Yes, no, or unkown) (Ifyes give wer or detes of service)	TO SINE SECONITI NO. 17. 1		oth ave.,
no	mr	s. Etta Weidman, Billere	est Hats. 21, N.
1B. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), end (c).]		ONSETAND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)	Ceretral Tho	mlorele	3 yrs.
33 2 × DUE TO			
C 101	arturation		- Ann
geve rise to immediate ceuse	- www.	<i>ω</i>	1700
(e), steting the underlying DUE TO			
cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	I IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
Eura,	and and to	nt les la articul	YES NO T
PART II. OTHER SIGNIFICANT CONDITIONS CO.  20a, ACCIDENT WAS UNDERLYING 20b. DES  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part I or Pert II of item 1B.)	
OR CONTRIBUTING CAUSE OF DEATH			
	INTERPORTURE CONTRACTOR	CT OF INTHIBY INT town I 200 ICity at 1	(County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d, White Hour e.m. 19 et wo		CE OF INJURY (Home, ferm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (Stete)
p.m. 19 et wo			
21. I certify that (I) (this hospital) AME	ded the deceased from	1942 19 to 74 18	19.62 that (I) (we) last
2/430//		death occured a Ch. M. from the causes an	
22e. SIGNATURE		ATTENDING /MED	22b. DATE
William la Man	Con M	D. PHYS. DIRECTOR PHYS.	2/18/62 SIGNED
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS 100 Walfiershow Do	P. 3.5. Md.
WILBUR h MAI	RTIN M.D.	421 Constitution ave N.	E. Wart 2, D.C
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town	or county) (State)
1941 1 ( 2-21-1962	dank di	nearn Prince Sear	pertount mol
24 TUNERAL DIRECTOR'S AGNATURE.	ADDRESS Wa	250. REC'D BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
B. A. Mhill	121-117/11	DATE FR 21 '62 Call	0 4
11 11 Munny	DITINUM BL.X	1.C. IDATE 5 21 62   Cuth	MT S. Thouse

the funeral TO HOSPITAL OF TIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m. a retained by the hospital or attending physician.

TO FUNERAL DINECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. VR A15 1SM 7/61

(4)



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02279 funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) 24 write RURAL and give nearest town) month and after Washington CT Glenn Dale (rural Pages days filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Glenn Dale Hospital 1230 N.H. Avenue YES NO X completely 3. NAME OF 4. DATE Middle Month Day Last Year DECEASED OF (Type or print) DEATH 62 John Oberleitner 19 withir carbon 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH and last birthday) Months white Male WIDOWED IX DIVORCED YES. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Fred Buckholtz USA Restaurant Austria Waiter Occidental please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = attending Elizabeth Gus Oberleitner Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) decedent IInknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: tending physic been signed t Bronchogenic Carcinoma, left lung, histological 6 months IMMEDIATE CAUSE (a) type undetermined. DUE TO Conditions, if any, which gave rise to immediate cause DUE TO has (e), steting the undarlying certificate ha couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179, WAS AUTOPSY PERFORMED? Post-irradiation fibrosis. NO X CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While The CTOR: should be de at work at work 21. I certify that (I) (this hospital) attended the deceased from..... saw the deceased alive on.... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED STAFF DIRECTOR X PHYS. PHYS. FUNERAL page with t 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital NAME (Type) Moe Weiss, M.D. death. Particle of Function, I be filed v Dale, Md. Glenn 23a. BURIAL, SEREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) NAT Fel . ADDRESS WASHINGTON, DC 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

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# TO HOSPITAL OR, TIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of death. Page 4 may be retained by the hospital or attending physician. S TO FUNERAL DIALCTOR: After this certificate has been signed by the attending physician and completely filled in the fundamental director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02264

02264

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution						
Prince G	eorge MARYLAI	o. STATE Maryland b. COUNT Prince George						
b. CITY OR TOWN (if outside con Mitchellville	c. LENGTH OF STAY IN 89 years	c. CITY OR TOWN (If outside corporete limits, write RURA)  Mitchellville	L end give nearest town)					
	ITUTION (if not in hospitel, give street eddress)  Forest Place	R. F. D. Forest Place	ON A FARM?  YES NO					
3. NAME OF DECEASED (Type or print)	First Middle (NMI)	Peach  4. DATE Month OF DEATH Fel	23 1962					
Female Whi	1. WARRIED   INEVER MARKIED 43	B. DATE OF BIRTH Nov. 13, 1872  9. AGE (In yeers   IF UND   Month   Mo						
1Da. USUAL OCCUPATION (Give k done during most of working life, ex Housewife	ind of work ven if retired) 10b. KIND OF BUSINESS OR INI  Own Home	_	J. S. A.					
Dr. John Peac	h	14. MOTHER'S MAIDEN NAME  Bettie Wellford						
1S. WAS DECEASED EVER IN U.S. A (Yes, no, or unkown) (Ifyesgivewar		Mr. John W. Heim Same as #	2 Nephew					
18. CAUSE OF DEATH (Entranglement) PART I. DEATH WAS CAL IMMEDIATE  Conditions, if eny, which gave risa to immediate cause (e), stelling the underlying	or only one cause ger line for (a), (b), end (c), JSED BY: CAUSE (a) DUE TO (b) DUE TO	teriorelerous - severe	INTERVAL BETWEEN ONSET AND DEATH 5					
ceuse last.	(c) NT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN I	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO					
PART II. OTHER SIGNIFICA  OF CONTRIBUTING CAUSE  (IF EITHER, NOTIFY MEDICAL E	OF DEATH	CURED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Mont	th, Dey, Year 20d. INJURY OCCURRED 20 While Not While 19 et work et work	e. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.)	(County) (State)					
		that death occured at IPAM, from the causes and o	on the date stated above					
22a. SIGNATURE	Passer	M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS	22b. DATE SIGNED					
	ert Sasscer M. D.	Type Marcharo, Me	1					
Burial (Specify) 23b.	date thereof 23c. NAME OF CEME Mt. Oak	TERY OR CREMATORY 23d. LOCATION (City, lown or completely wille	ounty) (State)  Md.					
Francis Gasch		Maryland DATE 2 6 162 25b. REGISTRA						

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Robert Sasses M. D. Aller Phys. Phys. Phys. B. Aller Street Sasses M. D. Aller Phys. Phys. B. Aller Phys. B. Al

Surrat 2/25/52 Mr. Oak

Concie Caschie Sons Hyattaville, Maryland

# FOR STATE HEALTH DEPT.

Page IO DEPUTY MEY ALL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n please execute the criticate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for I O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1, and 2 with the State Beard or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

# VS. A15ME 5M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02281 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02265

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)  a. STATE b. COUNTY
Prince George's MARYLAND	Maryland Prince George's
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest lown)
write RURAL end give neerest town) Cheverly D.O.A.	37 Landover Hills
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS I e. IS RESIDENCE
	ON A FARM?
Prince George's General Hospital	4235 71st., Avenue YES NO X
DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) Hattie Elmyra	Pearson February 12, 1962
	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female   White   WIDOWED   DIVORCED   F	ebruary 25,1883 78 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR'	
done during most of working life, even if retired)	
Housewife At Home	North Carolina U.S.A.
13. PATREX 3 NAME	14. MOTHER 3 MAIDEN NAME
Vernon Taylor	Martha
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. II.  (Yes, no, or unknown)   (Ifyes give wer or dates of service)	East Columbia Pk. Landover
	len Fort 7600 Spring Street
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia	ONSET AND DEATH
IMMEDIATE CAUSE (0) PITEUMOTIL &	
O DUE TO	
Conditions, if eny, which (b) Influenza	
geve rise to immediate cause  (a), stating the underlying  DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101 19. WAS AUTOPSY
	PERFORMED YES NO TO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	inter neture of injury In Pert I or Pert II of Item 18.)
PRIMARY   or CONTRIBUTING	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) ory, street, office bldg., etc.)
Hour a.m.  p.m.  While Not While el work el work	
21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident , Suici	ide , Homicide , Undetermined manner
A COUNTY TO THE	CHIEF MEDICAL EXAMINER
ACTUAL 10 D	
SIGNATURE James J. Songel	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER   2/13/62
NAME (Type) JAMES I. BOYD, M.D.	Address (Street, city, town, or county)
REMOVAL (Specify) a 1 7 121 - 7	CREMATORY 22d. LOCATION (City, town, or country) (Step)
Burial 2-15-1962 Host Junal	In Connetey Blackensburg, Mary land
23. FUNERAL DIRECTOR ADDRESS ON	1 240. SEC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE
W.W. Chambers 60, Kiverdale, Man	pland. DATE FEB 1 9 '62 Cuiton & Thomas
	DATE PEB 19 02 Cale 1 & Thans

- 3350 A ENVENDED . NEW ACTION CONTROL OF THE annoulted. 

15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)		
			b. COUNTY Maryland Prince George's		
Prince George's  b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  MARYLAND  c. LENGTH OF STAY IN 1b			c. CITY OR TOWN (	If outside corporete limits, write RUR	Lend give nearest town)
Cheverly		15 days	7/ College	Park	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)			d. STREET ADDRESS		1S RESIDENCE     ON A FARM?
Prince George's General Hospital				romino Street	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Baby Boy		Pennell	DEATH February	15 19 62
5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED X 8	. DATE OF BIRTH	9. AGE (In yeers IF UN	DER 1 YEAR   IF UNDER 24 HRS.
Male	White WIDOWI		January 31,		15
10e. USUAL OCCUPATION dona during most of work	ON (Give kind of work   10b, k	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
			Prince Geo	rgels. Md.	U.S.A.
13. FATHER'S NAME	13. FATHER'S NAME			NAME	Ueuene
Diehand T	. Danmall		Mary Lou	Adome	
Richard I		SOCIAL SECURITY NO. 17.		Address	
(Yes, no, or unkown)   (If)	yes give weror detes of service)	none			
no			Mother	Same as above	
	EATH [Enter only one couse per	line for (e), (b), and (c).]			ONSET AND DEATH
PARI I. DEATH	MAS CAUSED BY:	westerity			
1 / 6 4	DUE TO		, ,	/ / 1	///
Conditions, if eny,	1 3	2 2 600 0	Your ( Etcolo	or keknowy	2/3/1
gave rise to Immedie	te ceuse	aus mon a	while ( Crave	gg rue money j.	7-102
(a), steting the un	derlying DUE TO	- 1006	1.11. 14	4.00	
causa lest.	) (c) <u>Cer</u>	sural Jastella	elefted re	MAL DISEASE CONDITION GIVEN IN	DARTH WAS ALTOROV
PART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPSY PERFORMED?
13					YES NO
PART II. OTHER  OF CONTRIBUTING IN CONTRIBUTION IN CONTRIBUTIO	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED	). (Enter neture of injury in	Pert I or Pert II of item 18.)	
20c. TIME OF INJUR	Y Month, Day, Yeer   20d.	INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, feri	m, 20f. (City or town)	(County) (State)
20c. TIME OF INJUR Hour a.m. p.m.	Whil 19 et wo	THOI WILLIAM	ory, street, office bldg., etc	:-)	
21. I certify th	at (I) (this hospital) atter	ded the deceased from.	1-31	1962, to 2-15	, 1962, that (I) (we) last
				\$50, from the causes and	
22a. SIGNATURE	0.1		A	M	22b. DATE
40	A (80	t.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S	us 11. Tous	luelu "	22d. ADDRESS		4/10/01
NAME (Type)	m A m			d	7 7 1 141
		ristensen		imore Avenue, Col	
23a. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or	county) (Stete)
Burial (Specify)	2/19/62	Arlington I	Vational	Arlington,	Va.
24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	25a. RE	C'D BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
Haselis	Freneral /4	me Hyatts	ville, Mode	FEB 1 9 '62 Orich	47 S. Kraus
2.077335	162				

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02267 02283

	LACE OF DEATH				2. USUAL RESIDENCE (W	here deceased lived, If	institution: Resi	idence before edmission
	COUNTY				CTATE	b. COU	NITY	
		George's		MARYLAND	Maryland		George	1.
Ь		if outside corporete limits,	l c. L	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi			
	write RURAL end	give nearest town)			20			
	Chever.	V		26 days	d. STREET ADDRESS	103		e. IS RESIDENC
a.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)						ON A FARM	
		George's Ger	neral He	ospital	6223 Lee Pl	Management		YES NO
	NAME OF DECEASED	First		Middle		DATE Mont		Dey Yeer
(1	Type or print)	Phynes			Perry	DEATH Febr	uary 19	19 62
5. S	EX	6. COLOR OR RACE 7.	MARRIED X	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers lest birthdey)		
	Male	0.2.	WIDOWED	DIVORCED	1-9-97	65 yrs.	Months De	ys Hours Min.
13.	FATHER'S NAME  WAS DECEASED EV	king life, even if retired)  KNUWN  ER IN U.S. ARMED FORCE fyesgivewerordelesofserv	S?   16. SOCIA	al security no. 17	14. MOTHER'S MAIDEN NAME  INFORMANTO  USEL PERTY		e Pl.	Edan 169
T		EATH [Enter only one co	use per line for	(e), (b), end (c).)				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEAT	H WAS CAUSED BY:						
	1 1	IMMEDIATE CAUSE (e)	Pulmona	ry Edema				Days
1	610	IMMEDIATE CAUSE (e)	The second second second	ry Edema				Days Months
	6/0	DUE TO	Uremia		phrosis and Hydr	oureter		Mon ths
	6/0 Conditions, if engageve rise to immed	DUE TO  (b)	Uremia Bilater	al Hydroner	hrosis and Hydr	oureter		Mon ths
	geve rise to immed (e), steting the u	DUE TO  (b)	Uremia Bilater			oureter		Mon ths
	geve rise to immed (e), steting the u ceuse lest.	DUE TO  which believe ceuse nderlying DUE TO  (c) US TO  DUE TO  (c) US TO	Uremia Bilater Benign	al Hydrone, Prostatia H	Iypertrophy		IVENI INI DADI 1	Months Months
_	geve rise to immed (e), steting the u ceuse lest.	DUE TO  which believe ceuse nderlying DUE TO  (c) US TO  DUE TO  (c) US TO	Uremia Bilater Benign	al Hydrone, Prostatia H			VEN IN PART 1(	Months Months
	geve rise to immed (e), steting the u ceuse lest.  PART II. OTHE  20e. ACCIDENT W OR CONTRIBUTING	DUE TO  (b)  (iele ceuse nderlying  (c)  R SIGNIFICANT CONDITION	Uremia Bilater Benign  DNS CONTRIBU	al Hydroner Prostatie I	Iypertrophy	isease condition gi	VEN IN PART 1(	Months Months  Months  e) 19. WAS AUTOPS' PERFORMED?
CERTIFICATION	geve rise to immed (e), steting the u ceuse lest.  PART II. OTHE  20e. ACCIDENT W OR CONTRIBUTING	DUE TO  (b)  (c)  R SIGNIFICANT CONDITION  AS UNDERLYING CAUSE OF DEATH  MEDICAL EXAMINER)	Uremia Bilater Benign  DNS CONTRIBU  206. DESCRIBE  206. INJUR While	al Hydroner Prostatia I  TING TO DEATH BUT N  HOW INJURY OCCURE Y OCCURRED   200. PI	D. (Enter neture of injury in Pert I	ISEASE CONDITION GI or Pert II of item 18.) Of. (City or town)	(County	Mon ths Mon ths Mon ths  **Non ths  **PERFORMED?**  YES **NO **INO
MEDICAL CERTIFICATION	geve rise to immed (e), stelling the u ceuse lest.  PART II. OTHE  20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJU Hour e.m. p.m.	DUE TO  (b)  (iele ceuse inderlying  (c)  R SIGNIFICANT CONDITIO  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  IRY Month, Dey, Yeer	Uremia Bilater Benign  DNS CONTRIBU  20d. INJUR While et work	al Hydroner Prostatia I  TING TO DEATH BUT N  HOW INJURY OCCURE  Y OCCURRED   20e. Pl  for While   fe	OT RELATED TO THE TERMINAL D  D. (Enter neture of injury in Pert I  ACE OF INJURY (Home, ferm, clory, street, office bldg., etc.)	ISEASE CONDITION GI	(County	Mon ths Mon ths Mon ths  **Non ths  **PERFORMED?**  YES **NO **INO
MEDICAL CERTIFICATION	geve rise to immed (e), stelling the u ceuse lest.  PART II, OTHE  20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJU Hour e.m. p.m.  21.   certify	DUE TO  (b)  (iele ceuse Inderlying  R SIGNIFICANT CONDITION  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  IRY  Month, Dey, Yeer  19  hat (I) (this hospital	Uremia Bilater Benign  DNS CONTRIBU  20d. INJUR While et work	al Hydroner Prostatia I  TING TO DEATH BUT N  HOW INJURY OCCURE  Y OCCURRED   20e. Pl  Not While   fe et work   the deceased from	D. (Enter neture of injury in Pert I.  ACE OF INJURY (Home, ferm, clory, street, office bldg., etc.)  1-24  196	or Pert II of item 18.)  Of. (City or town)	(County	Mon ths Mon ths Mon ths  19. WAS AUTOPS' PERFORMED? YES NO (Siele)  (Siele)
MEDICAL CERTIFICATION	geve rise to immed (e), stelling the u ceuse lest.  PART II, OTHE  20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJU Hour e.m. p.m.  21.   certify	DUE TO  (b)  (iele ceuse Inderlying  R SIGNIFICANT CONDITION  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  IRY  Month, Dey, Yeer  19  hat (I) (this hospital	Uremia Bilater Benign  DNS CONTRIBU  20d. INJUR While et work	Al Hydroney Prostatia I  ITING TO DEATH BUT N  HOW INJURY OCCURE  Y OCCURRED 200. Pl  for work    the deceased from 1962, and the	DOT RELATED TO THE TERMINAL DEPTH TO THE TER	or Pert II of item 18.)  Of. (City or town)  5 from the causes	(County	Mon ths Mon ths Mon ths  19. WAS AUTOPS' PERFORMED? YES NO (Siele)  (Siele)
MEDICAL CERTIFICATION	geve rise to immed (e), steling the u ceuse lest,  PART II. OTHE  20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) Hour e.m. p.m.  21. I certify is saw the decea	DUE TO  (b)  (iele couse Inderlying  (c)  R SIGNIFICANT CONDITION  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Dey, Yeer  19  hat (I) (this hospital sed alive on	Uremia Bilater Benign  DNS CONTRIBU  20d. INJUR While et work  1 attended  19	Al Hydroney Prostatia I  ITING TO DEATH BUT N  HOW INJURY OCCURE  Y OCCURRED 200. Pl  for work    the deceased from 1962, and the	D. (Enter neture of injury in Pert I decory, street, office bldg., etc.)  1-24  ACTE OF INJURY (Home, ferm, 20 decory, street, office bldg., etc.)  1-24  ATTENDING  MED.  ATTENDING  MED.	or Pert II of item 18.)  Of. (City or town)  2 to 2-19.  5 from the causes  OR PHYS.	(County), 19 <b>62</b> ; and on the	Mon the Mon the Mon the Mon the  19. WAS AUTOPS' PERFORMED? YES A NO - (Stete)  2, that (I) (we) is defended above 22b. DATE SIGN
MEDICAL CERTIFICATION	geve rise to immed (e), stelling the u ceuse lest.  PART II, OTHE  20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU- Hour e.m. p.m.  21. I certify is saw the decea 22e. SIGNA UPE 22c. PHYSICIAN'S	DUE TO  Which lete ceuse nderlying   DUE TO  R SIGNIFICANT CONDITION  AS UNDERLYING   CONDITION  AS UNDERLYING   PORTION   CONDITION  AS UNDERLYING   PORTION   CONDITION   CO	Uremia Bilater Benign  DNS CONTRIBU  20d. INJUR While et work  1 attended  1-19	Al Hydroney Prostatia I  ITING TO DEATH BUT N  HOW INJURY OCCURE  Y OCCURRED 200. Pl  for work    the deceased from 1962, and the	D. (Enter neture of injury in Pert I.  ACE OF INJURY (Home, ferm, clory, street, office bldg., etc.)  1-24  at death occured at.11.5  M.D. PHYS. DIRECT  22d. ADDRESS  1801 Eye St.	or Pert II of item 18.)  Of. (City or town)  2 to 2-19.  5 from the causes  OR PHYS.	(County	Mon the Mon the Mon the Mon the  19. WAS AUTOPS' PERFORMED? YES A NO - (Stete)  2, that (I) (we) is defended above 22b. DATE SIGN
MEDICAL CERTIFICATION	geve rise to immed (e), steling the u couse lest.  PART II. OTHE  20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) Hour e.m. p.m.  21. I certify is saw the decea 22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type	DUE TO  Which lete ceuse nderlying   DUE TO  R SIGNIFICANT CONDITION  AS UNDERLYING   CONDITION  AS UNDERLYING   PORTION   CONDITION  AS UNDERLYING   PORTION   CONDITION   CO	Uremia Bilater Benign  DNS CONTRIBU  20d. INJUR While et work  1 attended  1-19	al Hydroney Prostatia I  ITING TO DEATH BUT N  HOW INJURY OCCURE  Y OCCURRED 20e. Pl  feet work	D. (Enter neture of injury in Pert I.  ACE OF INJURY (Home, ferm, clory, street, office bldg., etc.)  1-24 , 19 6  at death occured at.11; 5  ATTENDING MED. PHYS. DIRECT 22d. ADDRESS  1801 Eye St.	or Pert II of item 18.)  Of. (City or town)  Town the causes on the causes of the caus	(County	Mon the Mon the Mon the Mon the  19. WAS AUTOPS: PERFORMED? YES X NO [

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ma. retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b. g. funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carper pagers. Pages 1 and 2 should be filled with the State Dept, of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02284

# **CERTIFICATE OF DEATH**

Reg. DIST. No.268

Prince George  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maryland  Prince George			
b. CITY OR TOWN (If outside corporate limits, write RIRAL opd give nearest town)  78 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bowie			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R. F. D.	d. Street address $R.\ F.\ D.$ e. is residence on a farm? Yes $\square$ no $\square$			
3. NAME OF DECEASED (Type or print) PARE / ELIZABETI	HPhelbs 4. DATE Month Day Year OF DEATH Feb 4 1962			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12  Female White WIDOWED DIVORCED D	B. DATE OF BIRTH Feb. 10, 1880  9. AGE (In yeors left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Ret. Bureau of Eng.  U.S. Govermen  13. FATHER'S NAME	36			
William Warren Phelps	Comitale Takes			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) { (If yes, give wor or dates of service)	Capitola Johnson 7125 Affison St. (brother bencer W. Phelps Landover Hills, Md.			
200. ACCIDENT WAS UNDERLYING DON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES NO			
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)			
21. I certify that I attended the deceosed from decay alive on 2/3, 1962, one that death actual signature physician's NAME (Type) H. James Kurt 2	n occurred at 3 M, from the couses and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. SFE.D Sferm field 2/4/6			
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O  BELLIAL (Specify) 2/7/62 Holy Tripity				
	Witt.			
23. FUNERAL DIRECTOR'S SIGNATURE  Francis Gasch's Sons Hyattsville, Mo	d. DATE 24b. REGISTRAR 24b. REGISTRAR'S SIGNATURE			

Francis Green's Sone Byatteville, Md. . . (55)

The section of

# e funeral hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 mc. retained by the hospital or attending physician. TO FUNERAL DIFF. TOR: After this certificate has been signed by the attending physician and completely filled in be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 me be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after de-

VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02269

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare decaased lived, If institution: Rasidance before admission)				
a. COUNTY Prince Georges MARYLAND	a. STATE Mary Jand b. COUNTY				
b. CITY OR TOWN (if oulside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate fimils, write RURAL and give nearest town)				
writa RURAL and give naarest town)					
Cheverly 2 days	20 Bradburg Heights				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?				
Prince Georges General Hospital	5315 W Street YES NO				
3. NAME OF First Middla DECEASED	Last 4. DATE Month Day Year				
(Typa or print) Howard	Phillips DEATH Feb 28 19 62				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.				
Male White WIDOWED DIVORCED	21 Mar. 1879 82 yrs. Monins Days Hours				
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if ratirad)  Retired  School teache  13. FATHER'S NAME	II. BIRTHPLACE (County & Stata, or foraign country)  Carthage, New York. U. S.				
Orin Phillips	Julia Manchester				
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	A LI				
(Yes, no, or unkown) (Ifyesgivawarordatasofsarvica)	Address Bradbury Pk,				
	ren W. Parker 5315 W St., Md.				
1B. CAUSE OF DEATH [Enter only ona causa par line for (6), (b), and (c).]  PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH				
IMMEDIATE CAUSE (a)	- Talure ( uma)				
DUE TO	1 10 1. 11.				
Conditions, if any, which (b) Carcus	working to the Prostate Md,				
gava risa to immadiata causa	11 1. 1				
(a), stating the underlying Success last.	Hy also well & neproses				
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
CATION TO THE PROPERTY OF THE	PERFORMED?  YES NO				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Entar natura of injury in Part I or Part II of itam 18.)				
	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)				
Hour a.m. Whila Not Whila fac	tory, streat, offica bldg., atc.)				
	2 26 4000 . 0 00 40 00 1 (1) ( ) 1				
	2=26, 1962, to2=28, 19.62 that (I) (we) last				
saw the deceased alive on2.2819.62., and that	t death occured at 2.4.54 from the causes and on the date stated above				
220. SIGNATURE N CONVAN	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.				
22c. PHYSICIAN'S	A.D. PHTS. DIRECTOR PHTS.				
NAME (Type)					
Dr. Harry N. Carlton	940 25th Street, N. W., Washington, D. C.				
23a, BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)				
3/2/62 Hillside Ce	metery, Champion, New York.				
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
W. W. Chambers Co., 517 11th St.	S.E. DATE MAR 5'62				

1. W. Chambers Co., 517 11th St., S.E.

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	2-23 2-33 2-31	30.	

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02287	CERTIFICA	AIE OF DEATH	R	eg. Dist. 02271
1. PLACE OF DEATH O. COUNTY Prizzes george	S MARYLAND	2. USUAL RESIDENCE (When o. STATE Hangland	b. COUNTY	Residence before admission) +NUCL GEORGES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	MGTH OF STAY IN 16	c. CITY OR TOWN (IF out	side corporate limits, write RURA	AL and give interest town)
d. NAME OF HOSPITAL (If not in hospital, give street addres OR INSTITUTION 4008 - 82: Well Ave	s)i/	d. STREET ADDRESS	ud so.	e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) Harry First	Middle 244 OCS	PLOTT	DATE Month OF DEATH	7 Day Year 1962
5. SEX  6. COLOR OR RACE  WIDOWED  WIDOWED	DIVORCED [	B. DATE OF BIRTH MAR. 18, 18	8 lost birthdoy) M	UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACÉ (Stole or	foreign country)  TSLANS	12. CITIZEN OF WHAT COUNTRY
JAMES T. SKUCE		14. MOTHER'S MAIDEN NAM	L. PIERC	E
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (If yes, no. or unknown) (If yes, give wor or dates of service)	ONG 17.	NFORMANT LNA Sweet	1ey 4008-6	82nd NE Forest
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	(o). (b), ond (c).]	tastasis		INTERVAL BETWEEN ONSET AND DEATH STANCETORS
Conditions, if any, which gave rise to immediate coese (a), stating the underlying couse last.	ed and	J of wa		e neemy
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	tic Carr	diovascul	or Linease	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO D
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While for work 0	Not while fa	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that of ottended the deceased frolive on 1966.  ACTUAL SIGNATURE	/	110 C/ AT	-	hot I lost sow the deceosed on the dote stoted above.  DATE SIGNED  L-7-6
PHYSICIAN'S PETER DU	1115	Capate	e Height	ts Mol
Berrial 2-12-62	name of cemetery of	r CREMATORY 2	arlington	ounty) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Hope	2 10 50	0 100	AR'S SIGNATURE

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## FOR STATE HEALTH DEPT.

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0228 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02272

ICALIN DEPI.	1. PLACE OF DEAPH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 5. CASTE 7. COUNTY 1. CASTE 7. COUNTY 1. C
S S S S	L'EUNEE GLORGE MARYLAND STATE D. COUNTY Prine Form
A PAN	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
हे हु है वे । ४।	marile roll and the Horgan marile Fach 36
Sard dir	d. NAME OF HOSPITAL OCUNSTITUTION (if not in hospite), give street eddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
de de la	65/2 C street 65/2 C street YES NO DE
fun fun Stat Stat	3. NAME OF First Middle Clash OF Month Day Year
the the ret	(Type or print) San ha augusta toll DEATH 70h 7 19 62
Set of the	5. SEX 67 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Z and a	Female white wildowed Divorced
2,2 Photo	10a. USUAL OCCUPATION (Give kind of work done blusiness or industry 11. JIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Page 1, 1 a	Howevie Countone Weylord U. J. E
N3.	13. FATHER'S NAME
PA D	John Creft Unterown
S. G. G. S. G. G. S. G.	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, per or unknown)   (If yes give we ror deles of service)
A Firmy	ho my Henry Francis Polil, Darro ago = 2
N W W	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
il ir	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carely or asserber accislent
Se a se	DUE TO
in political pol	Conditions, if any, which (b) Consclus Vascular rand alise car
re s	gave rise to immediate cause  (a), stating the underlying  DUE TO
or or	cause last. (c)
"per "	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
is ce	YES NO ME
ould out	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18.)
S Sharial Sharial	
writin writin writin bage to bu	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not While p.m. 19 at work et work
Prior	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
it Clarit	death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner
a de	CHIEF MEDICAL EXAMINER
od by	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
BAIL Sund	EXAMINER'S 2 -7-62-
S E G G	NAME (Type) A MC Address (Street, city, town, or county)
DE Shou	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETING OR GREMATORY 22d. LOCATION City, town, or country) (State)
0 240 9	Buria (2-10-146x It Sincoln Beadsushing MX.
VS. AISMIN	23. FUNERAL DIRECTOR  ADDRESS  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/60	Tel Limeral Haml - Wash 2, DC DATE 13'62

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	02289 CERTIFIC	ATE OF DEATH	Reg. Dist. NO2273
	PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE Manyland	If institution residence before admission) b. COUNT (IN) Designer
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN III outside corporgie lin	nits write RUBAL and give negrest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTIONS ON MANOR NURSING A	1 d. STREET ADDRESS 10ME 4420-39	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)  ANTON FREDERIC	POHLMAN NOEATH	Let 6- Doy Year 1962
5.	MALE WHITE WIDOWED DIVORCED	aug 4-1888	E (In years IF UNDER 1 YEAR IF UNDER 24 HFS Min. )  Yrs. Months Days Hours Min.
100	b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during glast of working life, even if refired)	I maryland	12. CITIZEN OF WHAT COUNTRY?
	Henry Pohlmann	14. MOTHER'S MAJOEN NAME Amelia	wefer
	93. no. or unknown! (If yes, give wor or dates of service)	relvin & Pohlmas	in Brentwood Me
	1B. CAUSE OF DEATH [Enter only one couse per line for (a). (b). ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC.	FAILURE	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove trise to immediate cause (a), stating the underlying cause tost.  DUE TO  (b) ARTER 10 SC    DUE TO  (c)	EROTIC HEART	DISEASE ?
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of i	tem 1B.)
MEDICAL		LACE OF INJURY (Home, form, 20f. (City or towoctory, street, office bldg., etc.)	rn) (County) (State)
	21. I certify that I attended the deceased from.		2 19 6 Shat I last saw the deceased
	ACTUAL SIGNATURE HOWARD D. COMME	ADDRESS (Street, ci	causes and on the date stated above. by or town, stote)  DATE SIGNED  W Hyattsville Md 2/6
	PHYSICIAN'S HOWARD D. COHN	west Hyalls	relle Mg
100	BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY COUNTIES.  REMOVAL (Specify) Feb 9, 1962 Loudon Park	,	City, town, or county) (Stote)  Ore, Md.
23.	FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyattsville, Md.	24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE

Calling S. Kins

VS A1S (4) 15M 9/S5

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within		/ filled	Pages	ours af
executed		completely	on papers.	thin 72 h
pe		pug	arbo	, K
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after		<b>TOR</b> : After this certificate has been signed by the attending physician and completely filled in the funeral	remove c	Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
death		nding p	please	and in
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ednires	retained by the hospital or attending physician.	ined by	sit perm	on, or r
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TO HOSPITAL OR AFT
death. Page 4 may
TO FUNERAL DIMECA
director, page 3 should 1

be filed with the State D VR A15 (4) 15M 9/60

- 11	MARYLAND STATE DEPARTMEN
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PR

NT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00000 ODDINA.

	UCLAN									UKK 14
1. PLACE OF DEATH		* * * * * * * * * * * * * * * * * * * *		11:	. USUAL RESIDE	INCE (Where			Rasidon	ce before admissio
Prince Ge	eorge's		MARYLA	AND	a. STATE	ind	b. cou	ince G	eor	rala
b. CITY OR TOWN (if	oulside corporate limit	ls,	c. LENGTH OF STAY				corporata fimits, wr	The second second	-	<u> </u>
	give nearest town)		2 Hrs.		IF oxen H	1111				
d. NAME OF HOSPIT.	AL OR INSTITUTION (i	if not in ho	spital, giva street address	s)	d. STREET ADDRES					e. IS RESIDENCE
					2409 0	xen Ru	m Amd	C		ON A FARM
3. NAME OF	eorge's Gen	teral	Middla		Last	4. DAT			Day	YES NO Year
DECEASED (Type or print)						OF DEA				
5. SEX	Mary		A.		Polk	DEA	100	ruary	8	19 62
		7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (in year last birthday)		Days	Hours Min.
Female	White	WIDOW			1-15-22		40 yrs.			
10a. USUAL OCCUPATION done during most of wor	ON (Give kind of work king life, even if retire	d) 10b. I	CIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Co	ounty & State,	or foreign country	)   12. CIT	IZEN O	F WHAT COUNTRY
Housewi:					New Je	rsev			U	J.S.A.
13. FATHER'S NAME				1	4. MOTHER'S MAID			1000		
Daniel	McCarth	17		-	Mary	(Last	name un	known	)	
15. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY NO.	17. IN		Laure	Addre	15	-1	
(Yes, no, or unkown) (If	yas give war or datas of se	ervice)	579-22-199	9 Do	olas T P	olk				
NO 18. CAUSE OF D	EATH [Enter only one		line for (a), (b), and (c).		AGLAD I.I	OIK,			INT	TERVAL BETWEEN
PART I, DEATH	WAS CAUSED BY:	12	A		1 11 12 000	1			10	SET AND DEATH
40	MMEDIATE CAUSE (a)	101	10 min	per	lumm	u		-	-	
	DUE TO									
Conditions, if any	(10)_									
(a), stating the un	DITE TO									
cause last.	) (c)_									
PART II. OTHER	SIGNIFICANT CONDIT	TIONS CO.	NTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEA	SE CONDITION G	VEN IN PAR	T 1(a) 1	19. WAS AUTOPSY PERFORMED?
CAT										YES NO
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DE:	SCRIBE HOW INJURY OF	CCURED. (	Enter nature of injury	in Part I or Pa	ort II of item 18.)			
		ar   20d	INJURY OCCURRED   2	Oe. PLACE	OF INJURY (Home, f	arm, ' 20f. (	(City or town)	(Co.	unty)	(State)
20c. TIME OF INJUIT		Whil	eNot While		, streat, offica bldg.,					, , ,
	19	at wo				1				
			ided the deceased							
saw the decease	ed alive on2	. <del></del> 8	19.62//an	d that d	eath occured at	1.48, fr	om the causes	and on	the da	ate stated abov
22a. SIGNATURE		0	1 dll		ATTENDING	MED. P.	M. STAFF			22b. DATE SIGNI
		N	WI	M.D.	PHYS.	DIRECTOR	PHYS.			313141
22c. PHYSICIAN'S NAME (Type)	~	/	1		22d. ADDRESS	r (+	Mass	40		
	DAL   021 DATE THE	1	Log Marie OF COM	ETTEN: CT	COSTANCE	1 - 7 -	OCATION (City, t	1		10-4-3
23a, BURIAL, CREMATIC REMOVAL (Specify)			23c. NAME OF CEM					\	ry)	(Stata)
Burial	2-12-62		Columbia	Gard			0 ,	Va.	111.1	
24 FUNERAL DIRECTOR	al Home. 2	2847	Wilson Blv	d. Ar	1. Va. 25a.	REC'D BY REG	GISTRAR 25b. R	EGISTRAR'S	SIGNAT	TURE
By: C.F.		11/			DATE	FEB 1 3	02		. ,	
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VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02275

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived, If institution: Re	sidence before admission)
Prince Georges	MARYLAND	o. STATE Man	yland b. COUNTY Prince	e Georges
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  Chever 1v	c. LENGTH OF STAY IN 16		If outside corporate limits, write RURAL and	giva nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi		d, STREET ADDRESS	1080 1012	e. IS RESIDENCE
Prince Georges General	Marketine Land Control	960	04 49th Ave.	YES NO
3. NAME OF First	Middle	Lest	4. DATE Month	Dey Year
(Type or print) Charles	Kelly	Powell		10 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH		eys Hours Min.
Male   White   WIDOWED	Land	8 July 1891	70 yrs.	
dona during most of working life, avan if retired)	of Business or industriction. Goverment	Misso		S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME 11'	1000
C. C. Powell		Anna Ste	ck 1	1
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. S	OCIAL SECURITY NO. 17. 1	NECHMANA	119 Willough	by Road
(Yes, no, or unkown) (Ifyesgive wer or detes of service) 085	5-10-2361 Mi	ss Verda Po		
18. CAUSE OF DEATH Enter only one ceuse per lin		. 1	Fanwood, N.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (*)	enterio	Sclero	to Ho de	ONSET AND DEATH
DUE TO				
Conditions, if eny, which \ (b)				
geve rise to immediate cause				
(a), stating the underlying DUE TO				
Z PART II. OTHER SIGNIFICANT CONDITIONS CONT	DIGITING TO DEATH BUT NO	T DEL ATED TO THE TERMIN	NAI DISEASE CONDITION GIVEN IN PART	I(e) I 19. WAS AUTOPSY
S Cas tus	ulcos	T KEEKIED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN FAN	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONT  CONTROL  CONT	RIBE HOW INJURY OCCURED	. (Entar neture of injury in	Part I or Part II of item 18.)	
		CE OF INJURY (Home, farm ory, straet, office bldg., atc		ty) (Stete)
Print.	t-and			
21. I certify that (I) (this hospital) atlend	ed the deceased from.	17 Jan	1962, to 10 Feb, 19.1	6.2 that (I) (we) last
saw the deceased alive on 10 Feb 1				
220. SIGNATURE 3/1/1/	111	ATTENDING	MED. STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S	unther M	.0.	9812 49th Ave	
NAME (Type) Dr. William B Gu	mther ., M.D.	22d. ADDRESS	College Park., M.D.	
238. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or county)	(State)
Cremation 2/13/62	Ft. Lincoln		Colmar Manor,	Md.
	villes Maryla	and 25e. REG	C'D BY REGISTRAR   25b. REGISTRAR'S SI	
	//		1 4 100	
Basch's Fune	home	DATE ==	8 14 62   Orthon 8 4	Cauca

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Markett U.S. Governout Missouri

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sales Vender home

dynitaville, Meryland

Oxfunstion (2/13/62 Pt. pincota

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085-10-2391 Miss Verda Powell

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C.C. Fowell

**DIVISION OF STATISTICAL RESEARCH** EET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission) PLACE OF DEATH a. SQUNTY ince MARYLAND c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town) day E \*\*\* d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Pages filled e. IS RESIDENCE ON A FARM? YES NO etel 3. NAME OF Middle DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthdey) and Months Deys Hours WIDOWED 10a. USUAL OCCUPATION (Giva kind of work done during most of working life, ever if retired) 12\_CITIZEN OF WHAT COUNTRY? physician remove 13. FATHER'S NAME please Then please .5 and EVER IN U.S. ARMED FORCES? loval, (Yes, no, or unkown) | (Ifyasgivewarordatesofservice) the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) HERRT Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), steting the underlying hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? 35 NO 1 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., atc.) \_Not While While Hour a.m. et work at work saw the deceased alive on 2-27 19.62 and that death occurred a9.30M, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. M.D. death. Page 4 director, page be filed with t 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Jeanne C. Bateman 23a. 8URIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county (Stete) REMOVAL (Specify 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

er i anne and the Internal Startes Sarah Walleton a Though William Prosest Street With 53-5 -Dr. Journe C. Betheren BILLIE 3/3/02 Become Chepter and chamber to me Nictions Salvers as -40 Styles and Comme En 11 ... Explained

## FOR STATE HEALTH DEPT.

Page TO DEPUTY METOLAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is new please execute the catificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02277

0223 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)  a. STATE  b. COUNTY
Prince George's MABYLAND	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Cheverly D.O.A.	X Upper Marlhoro
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS e. IS RESIDENCE
Prince George's General Hospital	RFD 1653
3. NAME OF DECEASED (Type or print) Carolyn Ravenell	4. DATE Cornery 3 19 19
Female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8   8   1   1   1   1   1   1   1   1	November 8.1953 8 yrs.   FUNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
	y 11. BIRTHPLACE (Stete or foreign country)  District of Columbia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Juanita Ravenell	James Edward Quarles
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. I	NFORMANT D. C. Welfare Departs
(Yes, no, or unkown) (If yes give wer or detes of service)  no  Mr	Meny Mitchell
18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c).]	Washington, D.C.
1	O PHENMONIA ONSET AND DEATH
1491 V DUE TO	7-17-17-10-10-19
Conditions, if any which (b)	
gave rise to immadiate cause	
(e), stating the underlying	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING    CAUSE OF DEATH.	inter nature of injury In Part I or Part II of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	ld an Autopsy X, Inspection X, Inquiry X, and in my opinion
death resulted from: Natural causes Accident . Suici	de . Homicide . Undetermined manner
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CHIEF MEDICAL EXAMINER
SIGNATURE James 9. Doyce	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S James I. Boyd	DEPUTY MEDICAL EXAMINER February 3, 1962  Address (Street, city, town, or county)
226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (Siete)
Burial 2-9-1962 Harmony Nemo	
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
MALVAN & SCHEY, INC. 424"R" St., N. W.	DATEED 9 162 arily 8, Kraus

1 1 20 2 0 0 0 Entrance of the second second

			022	34		CERTIFICA	IE OF	DEATH				0	22	78
		LACE OF DEA COUNTY	TH GEORG	FC		MARYLA	0.	STATE MARYLAND			. COUNTY	Υ		ORGES
1	b	CITY OR TOW		rporete limit	S,	c. LENGTH OF STAY I		CITY OR TOWN (		orporete lim				
0	d	ANDREWS	AIR F	ORCE B		3 DAYS pitel, give street eddress	) d	CAMP SPR						e. IS RESID ON A F
-	3 1	US AIR	FORCE	HOSPIT	AL	Middle		6402 LAN	HAM W		Month	-	Day	YES NO
	1	Type or print)	JO	SEPH		IRVING	RI	EYNOLDS	OF DEA:		EBRUA	RY	5	19 62
ŀ	5.	SEX	6. COLO	R OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (I				IF UNDER 24
		MALE		CASIAN	WIDOWE	D DIVORCED	1 FI	EBRUARY 1	962	lest Dir	yrs.		De ys	Hours /
	1De.	USUAL OCCUP e during most of NON	ATION (Give I working life, e E	kind of work ven if retired	d) IDb. K	NONE		RINCE GEO						D STATE
1		FATHER'S NAME						OTHER'S MAIDEN						
1		ILLIAM F						EANOR ROS	E DEA					
		WAS DECEASED , no, or unkown)				SOCIAL SECURITY NO.			00		Address	AT AC	TT	mv 161
-1							TALL TO SECUL	AL RECORD	10					
	_	NO	DEW MILL	las aulis aus		NONE				_	JAL.	IU AS		EM #1
		18. CAUSE O	ATH WAS CA		The Post of the Po	ine for (e), (b), end (c).]	,	s Syn	doon	e_	JAL	III AG	IN	TERVAL BETWE NSET AND DEA
		PART I. DE	ATH WAS CA IMMEDIATE any, which ediete ceuse underlying	DUE TO  (b)  DUE TO  (c)	The He	espiratory locental commorrhagic	disher disease	Syn Elime e of new	born				IZ O	TERVAL BETWE
	CATION	PART I. DE	ATH WAS CA IMMEDIATE any, which ediete ceuse underlying	DUE TO  (b)  DUE TO  (c)	The He	espiratory locental	disher disease	Syn Elime e of new	born				IZ O	TERVAL BETWE
	CERTIFICATION	PART I. DE	ATH WAS CA IMMEDIATE Only, which ediete couse underlying HER SIGNIFICA	DUE TO  DUE TO  (b)  DUE TO  (c)  ANT CONDIT	He Hous con	espiratory locental commorrhagic	dishadiseas.	Syne Time of new	born NAL DISEA	SE CONDIT	ION GIVE		IZ O	TERVAL BETWE NSET AND DEA 75
	MEDICAL CERTIFICATION	18. CAUSE OF PART I. DE PART I. DE PART I. DE PART II. DE PART II. OT PART II. OT CONTRIBUTI	ATH WAS CA IMMEDIATE Only, which ediete couse underlying HER SIGNIFICAL WAS UNDERING CAUSE IFY MEDICAL NURY MOI	DUE TO  DUE TO  (b)  DUE TO  (c)  ANT CONDIT	He TIONS CON	morrhagic  CRIBE HOW INJURY OCURRED  Not While	dishard diseas. BUT NOT RELA CCURED. (Enter	Syne Time of new	born INAL DISEA Pert I or Pe	SE CONDIT	ION GIVEI	N IN PAR	IZ O	TERVAL BETWE NSET AND DEA 75
	CERTIFI	PART I. DE  PART I. DE  Conditions, if geve rise to imm (e), steting the cause lest.  PART II. OT  20e. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT  20c. TIME OF II Hour e.r.	ATH WAS CA IMMEDIATE Only, which ediete couse underlying HER SIGNIFICAL WAS UNDERING CAUSE IFY MEDICAL NURY Morn.	USED BY: CAUSE (e) DUE TO (b) DUE TO (c) ANT CONDIT  LYING  OF DEATH EXAMINER)  19	He TIONS CON- 20b. DES  20b. DES  While two	morrhagic  CRIBE HOW INJURY OC  INJURY OCCURRED  Not While  TRIBUTING TO DEATH E  CRIBE HOW INJURY OCCURRED  OF WORK O	dishadiseas diseas diseas diseas diseas diseas diseas diseas diseas diseas	e of new red to the termi	Pert I or Pe	SE CONDIT	18.)	N IN PAR (Coo	T 1(e)	19. WAS AUT PERFORM YES NO
	CERTIFI	PART I. DE  PART I. DE  Conditions, if geve rise to imm (e), steting the cause lest.  PART II. OT  20e. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT  20c. TIME OF II Hour e.r.	ATH WAS CA IMMEDIATE Only, which ediete couse underlying HER SIGNIFICAL WAS UNDERING CAUSE IFY MEDICAL NJURY Mon. That 25 (1) that 25 (1)	DUE TO  (b)  DUE TO  (c)  ANT CONDIT  LYING OF DEATH EXAMINER)  19  his hospit	He TIONS CON- 20b. DES  20b. DES  While two	MOTTHAGIC  SCRIBE HOW INJURY OC  INJURY OCCURRED  Not While  of Not While  of Not While  of Not Work	dishadiseas diseas diseas diseas diseas diseas diseas diseas diseas diseas	e of new red to the termi	Perilor Pe	SE CONDIT	18.)	N IN PAR (Coo	T 1(e)	19. WAS AUT PERFORM YES NO.
	CERTIFI	18. CAUSE OF PART I. DE PART I. DE PART I. DE PART II. DE PART II. OT PART II. OT PART II. OT CONTRIBUTI (IF EITHER, NOT PART II. OT PART III.	ATH WAS CA IMMEDIATE Only, which dedicts couse underlying the SIGNIFICAL WAS UNDERING CAUSE IFY MEDICAL NJURY Mon	DUE TO  (b)  DUE TO  (c)  ANT CONDIT  LYING OF DEATH EXAMINER)  19  his hospit	He TIONS CON- 20b. DES  20b. DES  While two	morrhagic  CRIBE HOW INJURY OC  INJURY OCCURRED  Not While  TRIBUTING TO DEATH E  CRIBE HOW INJURY OCCURRED  OF WORK O	diseas diseas diseas diseas diseas diseas diseas diseas diseas	Syve of new TED TO THE TERMI Insture of injury in INJURY (Home, ferret, office bldg., etc.	Peri I or Pe	SE CONDITION IN THE STAN	18.)	N IN PAR (Coo	T 1(e)	19. WAS AUT PERFORM YES NO
	CERTIFI	18. CAUSE OF PART I. DE PART I. DE PART I. DE PART II. DE PART II. OT PART III. OT PART III	ATH WAS CA IMMEDIATE Only, which dediete couse underlying HER SIGNIFICAL WAS UNDERING CAUSE IFY MEDICAL NJURY Moin.  That The couse of	DUE TO  (b)  DUE TO  (c)  ANT CONDIT  LYING OF DEATH EXAMINER)  19  his hospit	He TIONS CON- 20b. DES  20b. DES  While two	morrhagic  CRIBE HOW INJURY OC  INJURY OCCURRED  Not While  TRIBUTING TO DEATH E  CRIBE HOW INJURY OCCURRED  OF WORK O	disease BUT NOT RELA CCURED. (Enter from	Syve of new TED TO THE TERMI Insture of injury in INJURY (Home, ferret, office bldg., etc.	Pert I or Pe	SE CONDIT	18.)	N IN PAR (Coo	T 1(e)	19. WAS AUT PERFORM YES NO.
	CERTIFI	PART I. DE  PART I. DE  PART I. DE  Conditions, if ageve rise to imm (e), steting the cause lest.  PART II. OT  20e. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT  20e. TIME OF II Hour e.I. p.:  21. I certify saw the dec	ATH WAS CA IMMEDIATE Only, which ediete couse underlying HER SIGNIFICAL WAS UNDERING CAUSE IFY MEDICAL NJURY Morn.  That the eased alive the eased alive the edition of the	DUE TO  (b)  DUE TO  (c)  ANT CONDIT  OF DEATH EXAMINER)  his hospit  on	He rions con 20b. DES	morrhagic  CRIBE HOW INJURY OC  INJURY OCCURRED  Not While  TRIBUTING TO DEATH E  CRIBE HOW INJURY OCCURRED  OF WORK O	disease BUT NOT RELA CCURED. (Enter from	e of new TED TO THE TERMI  INJURY (Home, ferret, office bldg., etc.)  Occurred accurred accurrence ac	Peri I or Pe	SE CONDIT	18.)  n)  causes a	(Coo	IN ON ON THE STATE OF THE STATE	TERVAL BETWENSET AND DEA  T9. WAS AUT PERFORM YES NC  (Ste that (I) ( date stated a 22b. I 5 Feb
	MEDICAL CERTIFI	18. CAUSE OF PART I. DE PART I. DE PART I. DE PART II. DE PART II. OT III. OT PART II. OT III. OT IIII. OT III. OT III	ATH WAS CA IMMEDIATE Only, which ediete couse underlying HER SIGNIFICAL WAS UNDERING CAUSE IFY MEDICAL NJURY Mon. That the eased alive the couse of	DUE TO  (b)  DUE TO  (c)  ANT CONDIT  OF DEATH EXAMINER)  his hospit  on	He FIONS CON  20b. DES  ar   2Dd. Whill of word  all often  Peb	MOTTHAGIC  INJURY OCCURRED  The Mot While  The Mot While  The Mot Work	diseas diseas diseas diseas CCURED. (Enter Do. PLACE OF factory, stre d that death M.D. P	of new TED TO THE TERMI  INJURY (Home, ferret, office bldg., etc.  Trending HYS.  USAF HOS  MATORY  WARL	Perilor Pe  m. 20f. (c.)   1962, 206. (c.)   196	SE CONDITION  The second of th	18.)  18.)  Causes a  FF.  REWS  (City, lowin	(Control of the country of the count	T 1(e)  To the description of th	19. WAS AUT PERFORM YES NO  (Steel State of Stat
2	MEDICAL CERTIFI	18. CAUSE OF PART I. DE PART I. DE PART I. DE PART I. DE PART II. DE PART II. OT PART III. OT PART II	ATH WAS CA IMMEDIATE Only, which edieto couse underlying HER SIGNIFICAL WAS UNDERING CAUSE IFY MEDICAL NJURY MOI no. The eased alive RE CAUSE JOHN ATION, 23b.	DUE TO  (b)  DUE TO  (c)  ANT CONDIT  LYING  OF DEATH EXAMINER)  19  his hospit  On  A MOO	He FIONS CON  20b. DES  ar   2Dd. Whill of word  all often  Peb	MOTTHAGIC  INJURY OCCURRED  Not While It work  Med the deceased  19.6.2., and  Major USAF M.	diseas diseas diseas diseas CCURED. (Enter Do. PLACE OF factory, stre d that death M.D. P	e of new TED TO THE TERMI  INJURY (Home, ferret, office bldg., etc.  ATTENDING HYS.  22d, ADDRESS  USAF HOS	Pert I or Pe  m. 20f. ( c.)   1962, bo G, fr  MED. director  SPITAL  23d. Li  23d. Li  CD BY REG	SE CONDITION  The second of th	18.)  18.)  Causes a  FF S.  (City, lown- 25b. REG	(Control of the country of the count	IN OP TO THE TOTAL	19. WAS AUT PERFORM YES NO. (Steel State of Stat

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ENTRY 2/8/62 FITTE 1971: NEW TERM VERT STATE VA

# FOR STATE

Page Ines. of Health, TO DEPUTY MEAN "AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is neplease execute the Collists, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15MP 5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02279

02295 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0		COUNTY	2. USUAL RESIDENCE (Where decaased lived, If institution; Residence before admission)
1		Prince George's MARYLAND	* STATE Maryland Prince George !
		b. CITY OR TOWN (if outside corporela limits, write RURAL end give nearest town)	c, CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
IL.	1	Oxon Hill 21 years	// Oxon Hill
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	d. STREET ADDRESS   e. IS RESIDENCE
		4955 White Oak Drive	4955 White Oak NXXX Drive YES NO X
		NAME OF First Middle	Last   4. DATE Month Day Year
		OFFICE SELLY CONTROL SELLY CONTROL CON	ogers DEATH February 16 19 62
H	5.		B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
9		Female   White   WIDOWED   DIVORCED	December 15/04   last birthdey   Months   Deys   Hours   Min.
H	10a	. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUSTR	RY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
		na during most of working life, even if refired) Housewife Own Home	Illinois U.S.A.
II.		FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1		Noah B. Austin	Pearl Norsinger
1	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
		s, no, or unkown) (Ifyesgive were relates of service)	eorge Milton Rogers, same as # 2
	-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
4		DART I DEATH WAS CAUSED BY	ascular accident
			tecutar accident
		DUE TO	ascular renal disease
		geve rise to Immediate cause	ascular rengi disease
		(e), stating the undarlying DUE TO	
		cause last. (c)	AN AREA TO THE TRUINING BUT AS A CONTROL OF THE PROPERTY OF TH
)	OF	PAKT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	J.		YES NO TE
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	Enter nature of Injury In Pert I or Pert II of item 18.)
	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	WED	Hour e.m. While Not While at work at work	ory, street, office bldg., etc.)
1		21. I certify that I took charge of the remains described above, he	ald an Autopsy , Inspection K, Inquiry X, and in my opinion
		death resulted from: Natural causes K., Accident . Suic	ide . Homicide . Undetermined manner
		^	CHIEF MEDICAL EXAMINER
		ACTUAL SIGNATURE James J Band	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
		EXAMINER'S	DEPUTY MEDICAL EXAMINER T February 17,1962
-		NAME (Typa) ( James T Boyd BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	
	22a.	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, lown, or country) (State)
		Burn Feb. 19-62 fort Les	ncoly Bladensking Md
	23.	Typeral director 1/26/2 Grand Hope Re	SE 240. REC'D BY REGISTRAR 246. REGISTRAR'S GNATURE
	2	Lemmons Bris. lu Ash 20 00	DATEFER 1 9 '62 author S. Kraus

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

	DIVISION OF STATISTICAL RESEARCH A CERTIFICA	TE OF DEATH	02280
	1. PLACE OF DEATH  o. COUNTY  Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. a. STATED 15t VICT of	If institution: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b RURAL and give nearest tawn), RURAL and give nearest tawn), RURAL OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	c. CITY OR TOWN (If outside corporate lin Washington) d. STREET ADDRESS 3359 Nichol	e. IS RESIDENCE
)	3. NAME OF DECEASED (Type or print) Elsie First Dega Middle	4. DATE	Manth Day Year 8 1962
	Female White WIDOWED DIVORCED	September 28/891 19	E (In years   IF UNDER 1 YEAR IF UNDER 24 HRS. birthday)   Months   Days   Haurs   Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)  HOUSE KEEPER  (IN Clevel and, O	hig West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S. of A.
	13. FATHER'S NAME Lee Calvert	Samantha (	Cain
	(Yes, no, or unknown) (If yes, give wor or doles of service) 234-09-/659	Mrs. Mary C. HUI	DSON, Washington, D.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopm	eumonia	INTERVAL BETWEEN ONSET AND DEATH 3 days
	Conditions, if any, which (b)		_
	couse (o), stating the <u>under-lying cause lost.</u>   DUE TO	TANON DELLAYER TO THE TENNING SOLD TO THE TENN	DISCONDING NAME AND ONCE
	Arbeviosclerotic Hear		PERFORMED? YES NO D
	OR CONTRIBUTING E CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE OF INJURY (Hame, farm,   20f. (City or tax	
	Hour a.m. 19 While Nat while of wark of wark	actory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive an Feb. 8, 1962, and that a	Feb. 6, 1962, to Feb.	causes and an the date stated abave.
	220. SIGNATURE Walcutt W. Libson 22c. PHYSICIAN'S ALL	M.D. ATTENDING MED. STA PHYS. DIRECTOR PHY	February 8, 1962
	NAME (Type) Walcult W. G. bson, M	.D. 4340 St. Barnaloz	
	23a. BURIAL CREMATION, 23b. DATE THEREOF  BEHOVAL Specific 2-12-1962  ROBERTS RIP  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	CEMETERY NOUND  25a. REC'D BY REGISTRAR	SILLE WAVIRGINIA  25b, REGISTRAR'S SIGNATURE
	W. W. Chambers Co. Vinerdale, 10)	angling DATEER 1 3 '62	Carlos & Thank

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MARYLAND STATE DEPARTMENT OF HEALTH

SM 9/60

(County) (Steta) Inquiry X and in my opinion Undetermined manner DATE SIGNED February

22d. LOCATION (City, town, or country)

24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

a. IS RESIDENCE ON A FARM?

19 62

IF UNDER 24 HRS.

ONSET AND DEATH

PERFORMED? NO TX

U.S.A.

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

02298

**CERTIFICATE OF DEATH** 

02282

4 5 E W 1 W 1	
Page director	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Pr. Geo.
by the fun of 1 2 should be	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) Riverdale  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  STIP  RIVERDAL  STIP  ST
	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  14714 Oliver Street  e. IS RESIDENCE ON A FARMAY YES \( \) NO \( \)
illed in the state of the state	3. NAME OF DECEASED (Type or print) ALEXANDER B. SECOR Last 4. DATE Manth OF DEATH Feb. 8 1962
pletely f	S. SEX Male  6. COLOR OR RACE White  7. MARRIED NEVER MARRIED B. DATE OF BIRTH 12/2/78  9. AGE (In years   If UNDER 1 YEAR   IF UNDER 24 HRS.   If UNDER 1 YEAR   IF UNDER
execute and camp in paper in haurs of	10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)  Ret. Clerk Govt.  10b. KIND OF BUSINESS OR INDUSTRY  New York  11. BIRTHPLACE (State or foreign country)  New York  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
ician o	13. FATHER'S NAME  J. Eugene Secor  Maria Kenny
ng physics remays a remay when the	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT LIFE CONTROL OF UNKNOWN) (If yes, pinor or dotes of service) 220347962A Elsie L. Secor Same as # 2 (Wife)
ss that the death of by the attending mit. Then please you, and in any expensively.	18. CAUSE OF DEATH [Enter anly ane cause per Jine far (a), (b) and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-  DUE TO  Conditions, it any, which gave rise to immediate cause (a), stating the under-  DUE TO  Conditions, it any, which gave rise to immediate cause (a), stating the under-  DUE TO  Conditions of the
cion. en signi	cause (a), stating the under   DUE TO     Iying cause last.   (c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
The lay physical phys	PERFORMED? YES NO M
tending ifficate the bull of t	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II af item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar at this cert ruse as rr ta burn ruse har reference to the cert ruse as reference to	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While at wark at wark at wark at wark 19 at wark 19 Not while at wark 19 Not wark 19 Not while at wark 19 Not wark
R ATTENDING d by "Cospite RECT	21. I certify that (I) (this haspital) attended the deceased fram.  196., and that death accurred at M., fram the causes and an the date stated above.  22a. SIGNAPURE  M.D. ATTENDING  MED. STAFF PHYS.   25. GIGNED  26. STAFF PHYS.   27. STAFF PHYS.   28. GIGNED
RAL DIR shauld it te Board	22c. PHYSICIAN'S WIL, ETIENNE 22d. ADDRESS Horry Bd College Barks
may be page 3 the State	Removal Spectry 2/12/62 Riverview Cemetery 23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery Port Ewen New York
VR A1S (4) 1SM 9/59	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  P. Gasch's Sons Hyattsville, Md.  DATEFER 1 3 '62  Continua S. Kraus

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## FOR STATE HEALTH DEPT. 1. PLACE OF DEATH

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 329 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

20 2	COUNTY	a. STATE b. COUNTY
Se Sign	Prince George's MARYLA	AVD
里(人	b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town)	
of other	Bowie Few Hou	rs Stafford 83x.3
dire	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	rs Stafford 83 X 3  d. STREET ADDRESS 1 0. IS RESIDENCE
For for		ON A FARM?
de de de	Bowie Race Track	Route 1 Box 81 YES NO W
fun fun Sta	3. NAME OF First Middla	Lasi 4. DATE Month Day Year
a de de de	(Type or print)	OF DEATH TILL TO 10 00
= 0 8F 9	ASILON	Suggree I ford Reprisent 13 1762
TO XE OF	5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
p man d	Male White   WIDOWED X DIVORCED [	October 16, 1888 73 yrs. Months Days Hours Min.
2,2 e 5 hd 2	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
l ag		17 3 m m 4 m 3 =
hou hou hou hin hin	Motorman Streetcar  13. FATHER'S NAME	Virginia U.S.A.
4 A SEW		14. MOTHER S MAIDEN NAME
The state of the s	Strother Alexander Shackelford	Jeanette Mahoney N.W
S. C. Corr	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (Ifyesgivawarordetasofservica)	17. INFORMANT Address 1432 Girard St.
A Let		
wi win	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	3 Walter Gordon Shackelford, Wash. D.
in lin sit		ONISET AND DEATH
cil	IMMEDIATE CAUSE (a) IT CUTE CAR	EDIAC FAILURE
ben es	DUE TO	
uld ove	Conditions, if any, which ) IN DEUERE OCC	CLUSIUE CORONARY ARTERIOSCLEROS'S
oh oh	gava rise to immediata cause	LUSIVE LORONARY METERIOSIS
as as	(e), stelling the underlying DUE TO	
ica nin nin o	cause lest. (c)	
" Xar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)   19. WAS AUTOPSY
P ag te	ATIC	PERFORMED?
We lica	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	YES NO
R: The Wed hou	PRIMARY Or CONTRIBUTING	RED. (Enter nature of Injury in Pert I or Part II of item 18.)
NE ng 1		
Biring 80		e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)
Pa Pa	Hour a.m. While Not While	sectory, sireer, onice bidg., etc.)
EX de de d	The state of the s	
7.50 g	21. I certify that I took charge of the remains described above	
S S S S S	death resulted from: Natural causes X. Accident	Suicide . Homicide . Undetermined manner
D PER S	1.	CHIEF MEDICAL EXAMINER
M S C C C	ACTUAL ( )	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
ERAL ignet	SIGNATURE JOHNS	M.D.
P Seign	EXAMINER'S TAMES T DOVE	DEPUTY MEDICAL EXAMINER \(\mathbb{Z}\) 2/13/62
oulcoulcoulcoulcoulcoulcoulcoulcoulcoulc	NAME (Type) JAMES I. BOYD, M.D.	Address (Streat, city, town, or county)
Sho Sh	REMOVAL (Specify)	RY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 2409	Burial 2-16-1962 Mens att	Ehwich Stopped Va
н н	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS. A15ME	W.W. Chambers Eo Kiverdale	yn d
5M 9/6D	With the transfer of the transfer of	119. DATE FEB 1 9 '62   Cirilar S. Hung

#### MARYLAND STATE DEPARTMENT OF HEALTH

12300 CERTIFICATE OF DEATH

02284

0		02300		CERTIF	ICAII	OF DEATH				7~~C	注
o. C	CE OF DEATH			MARY		o. STATE Maryla		d lived. If institution b. COUNTY		before admis George	
b. C	URAL and give ne	ce George Imi arest town) er Md	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		prote limits, write RU	JRAL and give	e nearest tow	n)
0	OR INSTITUTION	AL (If not in hospital, g	-		1	d. STREET ADDRESS 6600 Old La	andove	er Road			SIDENCE A FARM?
DEC	ME OF CEASED be or print)	Suzie		Middle R		gogue	4. DATE OF DEATH	Feb	2		Year 19 <sup>62</sup>
5. SEX	female	6. COLOR OR RACE white	7. MARR	DIVORCE		Date Of Birth Oct 23, 188	34	9. AGE (In years lost birthdoy) 77 yrs.	Months Di	YEAR IF UND ays Hours	Min.
10a. US du	iring most of work	DN (Give kind of work ing life, even if retired ISEWife	)	KIND OF BUSINESS O	OR INDUSTR	Marylar		country)		S A	COUNTRY
13. FAT	THER'S NAME Geor	rge M Hena	uld			Annie Broo				2 = -	
		R IN U. S. ARMED FOR Ilf yes, give war ar dates of t <b>NO</b>		none		ormant lter E Sheg	gogue	Landov		1.	
0		mmediate DUS TO	a	. /	rec	hent 7	tail.	ne	7	INTERVAL BONSET AND	
RTIFICATION	PART II. OTH	) (	in	I her	mo	OT RELATED TO THE TERM	dra	of uxu	YEN IN PART I	PERF	AUTOPSY ORMED?
WEDICAL 200	c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. I While of wor	NJURY OCCURRED  Not while t of work	20e. PLAC focto	E OF INJURY (Home, for ry, street, office bldg., et	m, 20f. (Cit	ty or town)	(Co	unty)	(Stote
22	21. I certify that (I) (this haspital) attended the deceased fram.  1947. ta Journ, 1962 that (I) (we) last saw the deceased alive and 1962 and that death accurred at AM, fram the causes and an the date stated abave.  220. SIGNATURE  M.D. ATTENDING MED. STAFF PHYS. 122b. DATE SIGNED  22c. PHYS/CIAN'S 22d. ADDRESS 53 / 8 Character AM  DIAME (Type) OWATKINS  22d. ADDRESS 53 / 8 Character AM  Blackbarochury										
Bu	URIAL, CREMATIC EMOVAL (Specify) rial	Feb 5, 1	962	Ft Line		emetery	Colm		, М,	(Sto	ote)
24. FUI	F. G	's signature as <b>ch's</b> Sor	s H	yattsvill	e, M <sub>d</sub>		D BY REGIS		STRAR'S'SIGN	20	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the freedol director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be the state Board of Health priar to burial, crematian, or remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02301 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE h COUNTY Prince Georges Maryland Prince Georges MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Chever ly davs .5 Edmonston filled i d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Prince Georges General Hospital YES NO X Decatur Street letely NAME OF Middle Last 4. DATE DECEASED OF comp (Typa or print) DEATH Mildred Shotland Feb IF UNDER 24 HRS. carbon 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) and Months WIDOWED [ DIVORCED T 21 June 1902 59 Female. physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) Housewife Own Home New York U.S. A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please attending | .5 Frank Todd Gertrude E. Pratt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Then (Yas, no, or unkown) | (If yes giva war or datas of sarvice) 1226 Clagett Dr Glege Park, N Gladys E. Landis none (Daughter the MOTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] ONSET AND DEATH by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) COR-TULMONALE signed DUE TO CHRONIC FIBROSIS WITH PULMONARY INSUFFICIENCY gava rise to immediate cause DUE TO (a), stating the underlying CARDIOVASCULAR DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? as NO . 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, farm, 1 20d. INJURY OCCURRED | 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) While Not Whila Hour a.m. at work at work OR. 21. I certify that (I) (this hospital) attended the deceased from FEB. 5 1962 to FEB 10 19621, that (1) (we) last saw the deceased alive on. 10 Feb 19629...., and that death occurred ab. 25M, Afform the causes and on the date stated above. ATTENDING SIGNED 1 DIRECTOR PHYS. PHYS. M.D. O HOSPITAL death. Page 4 director, page be filed with the PHYSICIAN'S 3717 38th Street 22d. ADDRESS NAME (Type) & George Hageage., M.D. Mat. Rainier. Md. 232. BURIAL, CREMATION, 236. 23d. LOCATION (City, town or county) (Stata) 23c. NAME OF CEMETERY OR CREMATORY 2/12/62 Colmar Manor, Ft. Lincoln Md. Hyattswille, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Chan S. Mrana DATE FEE 1 3 '62 Home 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03686 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Prince Georges Brince Georges MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! Cheverly. Upper Marlobofo. days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Box 1116 YES NOA Prince Georges General 3. NAME OF 4. DATE Louise DECEASED OF DEATH (Type or print) 19 62 -17 Showell 3 February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) 66 WIDOWED 3 DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) Virginia S. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Anderson David Rudd AddressBox 292 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes no, or unkown) (Ifyesgivewarordatesofservice) Mrs. Margaret Anderson-Rt 3-Easton, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute pulomary edema - arterioscleritio Ht. Disease IMMEDIATE CAUSE (a) Meningitis (organism undetermined) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the undarlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work ..... 196.2- that (I) (we) last 1961. 10 L2 Febr 21. I certify that (I) (this hospital) attended the deceased from 8:30PM from the causes and on the date stated above. saw the deceased alive on... and that death occured 22b. DATE 22a. SIGNATUR ATTENDING MED STAFF SIGNED DIRECTOR PHYS. PHYS.

22d. ADDRESS

DATE AR

23c. NAME OF CEMETERY OR CREMATORY

Trinity Newport Com.

R.F.D. Box 2150, Upper Marlboro, Md. 23d. LOCATION (City, town or county)

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Newport

9 '62

(State)

Maryland.

Orthur & House

funeral the 1 Pages fille mpletely paper C and c. physician remove please .= attending and Then removal, the ng physician. permit. cremation, burial-transit affending has been burial, the the hospital or this certificate h as use prior for After this detached TOR: After tild be detached the state death. Page 4 IO FUNERAL I director, page 3 be filed with the filed with the

executed

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requires that

VR A15 (4) 15M 9/60

22c. PHYSICIAN'S

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

23e. BURIAL, CREMATION, 23b. DATE THEREOF

NAME (Type) Dr. Robert B. G. Sassoer

Bros. Fun'l Home-Marlboro, Md.

Involunt person souls

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Dr. Pobert S. O. Shanowr ... M. P.O. Box 2100, Jopen Marlborn, Va.

earing 2/25/62 Erinity Marport Jeal Hamport Hamport Line

Rischie dros. runil Home-Marl poro, Md. un angel drawn district

# ol director, filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR D FUNERAL DIRECTOR for this certificate has been signed by the ottending physicion and campletely filled in by the fune page 3 should be descent for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should the registrar prior to burial, cremation, or remaval, and in any event within 72 hours ofter death.

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

92303 CERTIFICATE OF DEATH

Reg.		-0	2	9	2	5
Reg.	Dist.	No.	~	~	U	U

1. PLACE OF DEATH  o. COUNTY  Prin	ce George		MARY		. USUAL RESIDENCE (V		d lived. If insti b. COUN	ITY	tgomer	/
b. CITY OR TOWN (III RURAL ond give ne	f outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	f outside corpo	orote limits, writ			
	ttsville		Four year	s	Rura			Roc	kville	1510.0
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street			d. STREET ADDRESS					IS RESIDENCE ON A FARM?
	Heart Hom	e			1361	Glen	Mill Ro	ad		YES NO NO
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE		Month	Day	Yeor
(Type or print)	Ellen		T.	S	impson	OF DEATH	Febr	uary	10	1962
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	ED 8. I	DATE OF BIRTH		9. AGE (In yes	ors IF UNDE		UNDER 24 HRS
Female	White	WIDOWE	DIVORCE		Oct. 29, 18	381		Y) Months	Days	Hours Min.
10a. USUAL OCCUPATION during most of work Housew	ing life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUSTR	Virgin	477	country)			WHAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN		3-1-1-			
James	Furlong				Jane E.	O'Kee	efe			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. INFO				Address		
No ·	ir yes, give war ar adies or s		None	S	acred Hear	t. Home	Hyrs	ttevi	11- 1	aryland
	TH [Enter only one co	use per lin	ne for (o), (b), and (c).		27		P	4	INTER	AND DEATH
411	IMMEDIATE CAUSE (o	N	Mulle	we down	we also	(NOT	= = u-20	2-lobotion	- 0	
7	DUE TO	-14	egant o	x car	alace i	- 7	2 miles	- Color	Cast !	3 more
Conditions, if or	mmediate	1	Jack to	38					4	
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lying couse lost.	) (c	)	CONTRIBUTION TO DE	ATIA BUIT NA			S COLIDIFICAL			
CATE (B) I	Dealet	CONS C	Zazell	elu	or related to the ter	eralge	a made	cired l	9	PERFORMED?
U (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	O YRULNI WOH 38192	CCURRED. (	Enter noture of injury i	n Port I or Pa	rt II of item 18.)			
Hour o.m.	Y Month, Day, Ye	While	Not while of work	20e. PLACE factor	OF INJURY (Home, fo y, street, office bldg., e	rm, 20f. (Cit	y or town)		(County)	(Stole)
≥ p. m.										
	ot I ottended the	decease	ed from.	2.65-920	769 56, to	F 3.4	10, 191	22,that	lost sow	the deceosed
	. 1	decease			269 56, to					
21. I certify the olive on	. 1					M, from		s ond on		
21. I certify th	. 1		ond that	deoth o		M, from	m the couse	s ond on wn, state)		stated above
21. I certify the olive on	. 1		ond that	deoth o	ccurred of 12 3	M, from	m the couse treet, city or to	s ond on wn, state)		stated above
21. I certify the olive on	a /10	9.1	22c. NAME OF CEME	M.C.  ETERY OR C.  †. OA	occurred of 10 3	ADDRESS (S	m the couse treet, city or too	s ond on wn, state)	the date	stated above

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DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidance before admission) a. COUNTY Prince George's Prince George MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Cheverly Hr 11 Min Hyattsville .= " Pages filled d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Prince George General 4913 78th A ve. YES NO completely papers. executed 3. NAME OF 4. DATE Month Middle DECEASED (Type or print) DEATH 19 62 Baby Boy Singer Feb. IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 8. DATE OF BIRTH IF UNDER 1 YEAR 5. SEX 9. AGE (In years last birthday) and Months Male White Feb. 27, 1962 WIDOWED DIVORCED certificate remove physician 1Da. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) None None Maryland U.S.A. attending pt Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 pue James Singer Virginia Rae Wineman Singer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewarordatesofservice removal, No Mother nona Sama the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN attending physician. physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit Conditions, if any, which gave rise to immadiata cause DUE TO (a), stating tha underlying has the hospital or and this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? 0 NO F for L 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH the his ned by : 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year retain FOR: All factory, street, office bldg., etc.) ... Not While While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Feb. 27 19.62 to Fab. 27 19.62that (I) (we) last Feb. 27 19.62, and that death occured at 4.155P the the causes and on the date stated above. saw the deceased alive on. IGNATUR 3 s ATTENDING STAFF MED DIRECTOR PHYS. PHYS. O HOSPITAL death. Page 4 M.D. director, page be filed with the 22d. ADDRESS PHYSICIAN'S NAME (Type) 43rd Avenue, Hyattsville, Maryland John P. Clum 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) OI Cheverly, Maryland 3/10/62 Prince Geo. Gen. Hospital Cremation 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) MAR 1 5 '62 arthur S. Kraus 15M 9/60 DATE Penn, Jr.

MARYLAND STATE DEPARTMENT OF HEALTH

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02305

**CERTIFICATE OF DEATH** 

Reg. Dist. No) 2287

1.	o COUNTY O	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY
	PRINCE GEORGES MARYLAND	MARYLAND RIVEE GERREE
	b. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	HILLSIDE 25 TRS	6 HILLSIDE
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?
L	1108-57= AVE.	1108-51- AVE. YES NO.
3	3. NAME OF DECEASED (Type or print) ETHEL ELLS WORT	4 SMALL OF DEATH FEB. 25 7, 196 2
5	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. E  WHOWED DIVORCED DIVORCED	DATE OF BIRTH  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.  15 Joseph L. 15 1893  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
11	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even it retired)  ESTAURANT CHERATOR - SELF-EMOLOGY	11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  D.C. U.S.A.
13	13. FATHER'S NAME Tichard L. Hunt	Gertrude (3)
1:	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	PRMANT Address
(	(Yes, no, or milinown) (If yes, give med or date of service) NONE ROB	ERT E. FRITZ -1108-573 AR HRUSU
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate couse (o), stating the <u>under-lying</u> DUE TO  Lying couse last.	montige interval BETTY ONSET AND DE CONSET A
NO LEAD	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in Part I or Port II of item 18.)
TA CICCAR	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m. p. m. 19 While Not while foctor of work of work	OF INJURY (Home, form, 20f. (City ar town) (County) (State) y, street, office bldg., etc.)
	21. I certify that lattended the deceased fram NW alive an ACTUAL SIGNATURE SIGNATURE COLUMN M.E. PHYSICIAN'S ERNEST E CORNEL M.E.	coursed at 8 9 A. M., from the causes and on the date stated abave.  ADDRESS (Street, city or town, stote)  DATE SIGNED  ADDRESS (STREET, CITY OF PARTY PART
2	220. BURIAL CREMATION: 22b. DATE THEREOF REMOVAS (Specify) Feb. 28, 1962 Cedar Hill	Cemetery Suitland, Manyland
2	23. FUNERAL DIRECTOR'S SIGNATURE W. W. CHAMBERS CO. 5/7-1/25/56. A	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE FER 2 8 '62  Chilmy S. Kraus

STREE SERVICE		OF DEATH	CERTIFICATE	208305
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				C. Editor Facility

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# TO DEPUTY MED. L. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event-within 72 hours after death.

VS. A15ME SM 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02306 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased livad, If institution; Residence before admission) a, STATE b. COUNTY
N)	Prince George's MARYLAND	Maryland Prince George!
X	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Seabrook l year	X Seabrook
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
	9515 Sheridan Street	9515 Sheridan Street YES NO Ik
3	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
		mith DEATH February 26 1962
	Female White WIDOWED DIVORCED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Is thirthday)  November 14,1934 27/rs. IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
11	Da. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Homsewife Own Home	District of Cobumbia U.S.A.
1:	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Leroy Jenkins	Mable XXXX Reid
11	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (as, no, or unknown)   (Ifyesgivawarordatesofservice)	INFORMANT Address
1,		Joseph Shiro Smith, same as # 2
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HCute Coconne	
	154.5 DUE TO A	
	Conditions, if any, which ) (b) Congressital det	ect of coronny Arteries
	gave rise to immediate cause	, ,
	cause last. (c) and occlusive	COCKMARY ATHEROSELEROSES
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
H.		YES NO
CEPTIEICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	Enter nature of injury in Perl I or Part II of Item 18.)
18	CAUSE OF DEATH.	
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
MEDI	Hour a.m. While Not While tac	tory, street, office bldg., atc.)
	21. I certify that I took charge of the remains described above, he	eld an Autopsy X Inspection X Inquiry X, and in my opinion
	death resulted from: Natural causes . Accident . Suice	cide , Homicide , Undetermined manner
		CHIEF MEDICAL EXAMINER
	ACTUAL CONTRACTOR	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE SUMMES D. 1 50 80	DEPUTY MEDICAL EXAMINER 2/26/62
	NAME (Type) James I. Boyd	Address (Street, city, town, or county)
2	BREMOVAL (Specify) 2/1/62 22c. NAME OF CEMETERY O Bright Street Specify 2/1/62 Ft. Lincoln	
1	Burial   2/1/62   Ft. Lincoln 3. FUNERAL DIRECTOR ADDRESS	Colmar Manor, Md.
1	Francis Gasch's Sons Hyattsville, M	aryland DATE NER 9 '62   Circhen & Karma

Parameter of the Control of the Cont ED Lack the state of the state and the state and the state of The second telegraph and the second November 14,1952 see sucil no principalica The street of the second street state and the second state s Lief Skin biles and head to be I The state of the control of the cont relation in absence to that it lating med mental restriction of the second seco AND THE T. BOYCE TO SERVICE THE SERVICE TH nurtal 2/1/62 Ft. Lincoln College Manor, 144 Francis Cascala Sono Hyarts illo, Maryland Warner

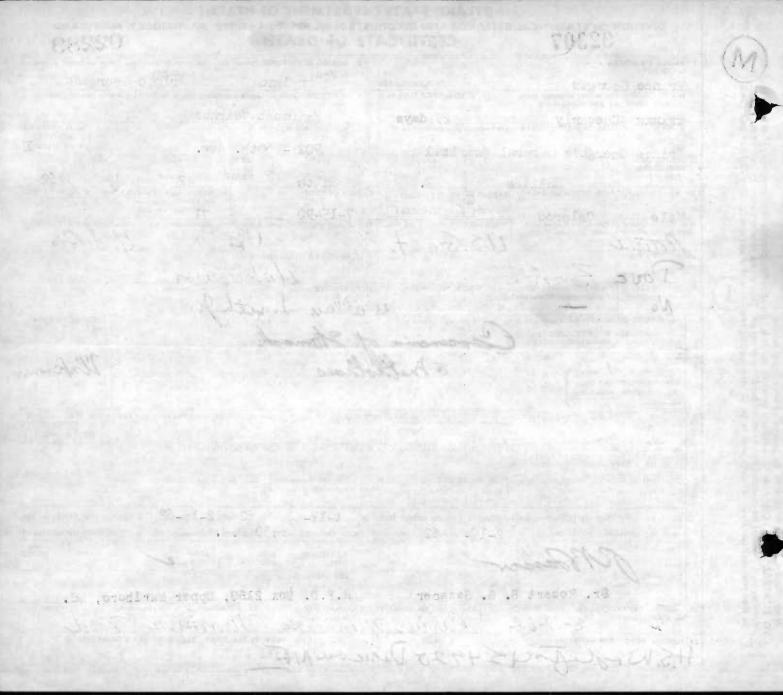
# ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m. be retained by the hospital or attending physician. TO FUNERAL IN CIOR. After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I as be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept. TO HOSPITAL OF

VR A15 (4) 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02307 CERTIFICATE OF DEATH 02289

1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: I a. STATE b. COUNTY	Residence before edmission
Prince Georges Maryland	Maryland Prince G	eorges
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL en	d give neerest town)
	30 Fairmont "eights	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
	(01)	ON A FARM?
Dringe George's General Hospital	902 - 60th. Ave.	YES NO X
3. NAME OF Middle DECEASED	Last 4. DATE Month	Dey Yeer
(Type or print) Wallace E.	Smith DEATH 2	15 19 62
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	. DATE OF BIRTH 9. AGE (In years IJF UNDER 1	YEAR   IF UNDER 24 HRS.
		Deys Hours Min.
1101 OCCUPATION (Give kind of work   10b, KIND OF RUSINESS OR INDUSTR	7-15-90 71 yrs.	IZEN OF WHAT COUNTRY
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	1 COUNIKI
Retired U.S. Govet	VA 4	S.H.
13/ FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
7 111	1/2/2000	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	INFORMANT Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II (Yes, no, grunkown) (Ifyesgivewerordatesofservice)	A COLORS	
No -	allace Smith h.	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	15%	ONSET AND DEATH
IMMEDIATE CAUSE (0) Cay cinoma ()	1 Tiomach	-
1 5 X DUE TO ] 1//	1	11/1
Conditions, if eny, which (b)	rases	Ungeran
gave rise to immediate cause		
(e), stelling the underlying cause test.		
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I I(e) 19. WAS AUTOPSY
E TAKI II. OTILK SIGNITICANI CONDITIONS CONTRACTOR DEATH SOTTO	The second of th	PERFORMED?
		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of Injury In Pert I or Pert II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
Hour e.m. While Not While fact	tory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	1-17, 19.62 to 2-15-62, 19.	, that (I) (we) las
saw the deceased alive on	death occured at6:30M. Provide the causes and on	the date stated above
220. SIGNATURE	The state of the s	22b. DATE
18181	ATTENDING MED. STAFF	SIGNE
	I.D. PHYS. DIRECTOR PHYS.	
22c. PHYSIQIAN'S NAME (Type)_	22d. ADDRESS	
Br. Robert B. G. Sasscer	R.F.D. Box 2150, Upper Marlbo	oro. Md.
23 BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY		y) (Stete)
REMOVAL (Specify) 9-19-12	n PIMILIA	md.
a lanus 11	Men Jack Murren	1110
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
45. Wester 05 4925 Jan	re Oak / FEB 2 0 '62   Certing	P. France



1	1
. 3	
1	

funeral hours after 1 Pe TO HOSPITAL OPLATIENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death. Page 4 m. The retained by the hospital or attending physician.

TO FUNERAL DIXECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 02308 CERTIFICATE OF DEATH

	02000	T4. 0	Tin Or	00 01	77160 .	,		
1. PLACE OF DEA	rh -	Trem o	FIIM 92	USUAL RESI	DENCE Where d	ceased livad, If in	stitution: Residance	ca before edmission)
a. COUNTY	Geo. County	341	RYLAND	e. STATE	Maryland	b. COUNT	PC	
	(if outside corporate limits,			c. CITY OR TO	WN (If outside corp		RURAL end give r	neerast town)
writa RURAL e	nd giva naerast town)			4 1				,
Chever				0 1	Laurel			
d. NAME OF HOS	PITAL OR INSTITUTION (if	not in hospitel, giva street	address)	d. STREET ADD	RESS			o. IS RESIDENCE ON A FARM?
Prince	Geo. Gen. Ho	SD .		•	320 Talb	htt Ave.		YES NO
3. NAME OF	First	Midd	le	Last	4. DATE	Month	Dey	Aeet ,
DECEASED (Typa or print)	777 - 4 -	77			OF DEATH		•	19 62
5. SEX	6. COLOR OR RACE	V		mithson DATE OF BIRTH	10	. AGE (In years II	F UNDER 1 YEAR	19 62 IF UNDER 24 HRS.
0. 01.		. MARRIED THE NEVER MA	C	ct.		4 . 44 . 4	Months Days	Hours   Min.
F	ISTAL DO	lad	DRCED	19-26-0		6/ yrs.		
	ATION (Give kind of work working life, even if ratirad)	10b. KIND OF BUSINES	S OR INDUSTRY	11. BIRTHPLACE	(County & State, or	foraign country)	12. CITIZEN O	F WHAT COUNTRY?
1/	SE C	TNURSI	VG	Pa Cec	. Co. LAU	RELMO	(	15A.
13. FATHER'S NAME	1 5	-1	1-	. MOTHER'S MA	IDEN NAME			7
JUSEF	h F. ST	eve NS		Not	Tie M.C	ASTLO		
15. WAS DECEASED	EVER IN U.S. ARMED FORCE		TY NO 17 INI	FORMANT	TICHE	Address		
	(If yes give war or dates of ser		m.	14	7. 4	4/ -	1 700	m. l
no			11(01	galet Va	cerporce	ryal	berille	mac.
	DEATH [Enter only one o	eusa par lina for (a), (b), a	nd (c).]	()	¥	9	ON	ISET AND DEATH
PART 1. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Uremia						l week
60	DUE TO							
Conditions, if e		Chronic Py	elonenhr	itie				years
gava rise to imme	dieta ceuse	OIL OILLO 1 J	oromehim	TOTO				2.0079
(e), stating tha	underlying DUE TO							
causa last.	) (c)_		1					
PART II. OTH	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE	TERMINAL DISEASE	CONDITION GIVE	N IN PART 1(a)	PERFORMED?
3 Bro	nchopneumoni	a, Arteriosli	lerotic	Heart Di	sease		1	YES NO
20a. ACCIDENT	WAS UNDERLYING []	20b. DESCRIBE HOW INJ				l of itam 18.)		
UK CONTRIBUTION	IG CAUSE OF DEATH							
	JURY Month, Day, Yaar	20d. INJURY OCCURR	RED   20e. PLACE	OF INJURY (Hom	a, farm, 20f. (Cit	y or town)	(County)	(Stata)
20c. TIME OF IN Hour a.m		WhileNot While		, street, office bld				
		at work et work _		7.7	1			
	that (I) (this hospita							
saw the dece	ased alive on2-	2-62 19	, and that d	eath occured	at 8 2.50 Par	the causes a	nd on the da	ate stated above.
22a. SIGNATUR		0						22b. DATE
(	o Ham	ex Week	e M.D.	ATTENDING PHYS.	MED.	STAFF PHYS.		ZISIGNED
22c. PHYSICIAN	's	. 000		22d. ADDRES	5 1801 F	- C+ M	35 117_	ah DC
NAME (Ty	Drs. Gelm	i/Duke		6607	Riverdal	e Re. R	verdale	sh. D.C.
The public costs			NE CEMETERN OR			ATION (City, tow		(State)
23e. BURIAL, CREMA	(y) Z3B. DATE THERE	ZSC. NAME C	OF CEMETERY OR	2 1	100	ATION (CITY, TOW)	or county)	2
Burne	2/5/	62 all	Lines	la cen		nav /R	anar,	Ind.
24 FUNERAL DIRECT	DR'S SIGNATURE	ADDRES	4)	25	REC'D BY REGIS	TRAR 256. BEG	STRAR'S SIGNAT	TURE
DEWitt	Done Ud	an L	aurel	MODA	1 1200			
10/12/16			-1-					

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Nonse chinesine Joseph F. Stevens

claumesmoles reincent

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Bearing 2/ 57/62 land sensore Comments May and here

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NettienCostice

Margaret The good Hyacker U. Mich

The state of the control of the state of the

Constant Carlotte

VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02309 CERTIFICATE OF DEATH 02291

lest birthdey) 75 7/6/s.	Lane h Doy 62	
2 Stone Haven 4. DATE Montl OF DEATH 2-10- 9. AGE (In yeers lest birthdey) 75 767	Lane h Dey 62	IS RESIDENCE ON A FARM?  YES NO X  Year
2 Stone Haven 4. DATE Montl OF DEATH 2-10- 9. AGE (In yeers lest birthdey) 75 767	Lane h Doy 62	IS RESIDENCE ON A FARM?  YES NO X  Year
2 Stone Haven 4. DATE Montl OF DEATH 2-10- 9. AGE (In yeers lest birthdey) 75 767	62	ON A FARM? YES NO X
4. DATE Montl OF DEATH 2-10- 9. AGE (In yeers lest birthdey) 75 764.	62	ON A FARM? YES NO X
4. DATE Montl OF DEATH 2-10- 9. AGE (In yeers lest birthdey) 75 764.	62	Year
OF DEATH 2-10-  9. AGE (In yeers lest birthdey)  75 Myt.	62	
9. AGE (In yeers lest birthdey) 75 76/4.	IF UNDER 1 YEAR	19
lest birthdey) 75 7/6/s.		
75 76th.	Months Days	
		Hours Min.
& State, or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
ຳ ລ	II S	Δ
AME	V D	Α
a CGlements		
Address	s	
Charlotte	County 1	Virginia
	INT	ERVAL BETWEEN
in Gartin	·	ISET AND DEATH
7,9,00000	-	- work
T dine		116
in ausen	ac 1	menous
AL DISEASE CONDITION GIV	VEN IN PART 1(0) 1	9. WAS AUTOPSY PERFORMED?
Crestitis	,	YES NO
art I or Bert fl of item 18.)		
20f. (City or town)	(County)	(Stete)
962 10 2/10	1967	hat (I) (we) last
2		22b. DATE
ED. STAFF		2/10/C
		1
napolis Rd.	Rladenshi	re. Md.
		(State)
		Va
D BY REGISTRAR   256. RE	EGISTRAR'S SIGNA	TURE
13 '62	Thun & the	
	Charlotte  D BY REGISTRAR   25b. RI	Address Charlotte County  Address Charlotte County  Address  Charlotte County  Address  Charlotte County  AL DISEASE CONDITION GIVEN IN PART 1(e) 1  RECYCLUS;  and I or Bert fl of item 18.)  20f. (City or town) (County)  AL DISEASE CONDITION GIVEN IN PART 1(e) 1  RECYCLUS;  and I or Bert fl of item 18.)  20f. (City or town) (County)  Charlotte County  D BY REGISTRAR 25b. REGISTRAR'S SIGNA'

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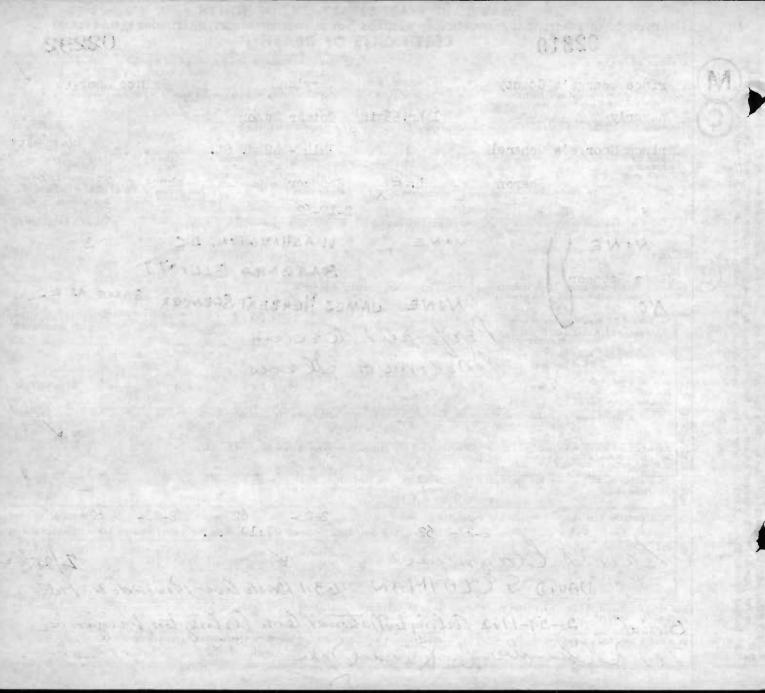
I. usovis sons quicteville, M.

VR A15 (4) 15M 9/60

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02310 CERTIFICATE OF DEATH 02292

		PLACE OF DEATH				2. USUAL RESIDEN	ICE (Whare da	ceased livad, If i	nstitution: Resida	nca bafore a	admission)
1	1	a. COUNTY				a. STATE		P. CONN.			/
7		Prince Ged	orge's Cour	ity	MARYLAND	Maryland		Pr	ince Geo	rges	
		write RURAL and	f outsida corporate limi giva naarast town)	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orata limits, writa	RURAL and give	naarast tov	vn)
31		Cheverly			1 hr.55min	Colmar Ma		47			
2	-	d. NAME OF HOSPIT	AL OR INSTITUTION (	if not in hos	pital, give straet address)	d. STREET ADDRESS		1			A FARM?
"		Dri nas Co	orge's Gene	mal		3414 - 42	224	1		-	NOM
	3.	NAME OF	orge s dette	il al	Middle	1 )414 - 42	4. DATE	Month	Da	y Yea	
м		DECEASED					OF DEATH			10	
		(Typa or print)	Shar	on	LEE.	Spencer	DEATH	Februa			62
83	5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	9.	AGE (In years   last birthday)	IF UNDER 1 YEAR		24 HRS.
		F	W	WIDOWE	DIVORCED [	2-19-62		Yrs.	Months Days	Hours	Min.
91	10a	. USUAL OCCUPATI	ON (Giva kind of world	10b. K	IND OF BUSINESS OR INDUSTR	1 11. BIRTHPLACE (Cou	inty & State, or	foraign country)	12. CITIZEN	OF WHAT	COUNTRY?
	001	XON!	rking lifa, evan if retire ~	(0)	NONE	WASHIM	VICTON.	D.C	U.	9	
	13.	FATHER'S NAME	2			14. MOTHER'S MAIDEN		2.0		7	_
7	1.0.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				BARBA		11117	7		
		James Sper	ncer			BAKBA	KAL	LLIOI			
-	15.	WAS DECEASED EVE	R IN U.S. ARMED FOR yasgiva war ordalas of s	CES? 16.		NFORMANT	01	Addrass	SAME	AS #	2
	110	NO	yasgira wai oi dalas ois	al vice/	NONE JA	MES HERB	ERTSP	ENCER	3717012		
	-	18. CAUSE OF D	EATH [Entar only one	causa pe	ne for (a), (b), end (c).]	11.0			11	NTERVAL BE	TWEEN
			WAS CAUSED BY:	P	0. / 51	to-			C	NSET AND	DEATH
			IMMEDIATE CAUSE (e)	/ 4	erforales	Orcu	un_				
		587	3 UE TO	n	-	0.					
		Conditions, if any	, which ) (b)	0	neconium	MEL	111				
		gave rise to immadia	ate causa								
		(a), stating tha ur	ndarlying DUE TO						- 5111		
		causa last.	) (c)								
01	NO	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	EN IN PART 1(a)		AUTOPSY DRMED?
2	ATI								2142	YES TO	NO T
_	CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURED	(Enter netura of injury in	Part I or Part II	of item 18.)			
	ERT	OR CONTRIBUTING	CAUSE OF DEATH								
			MEDICAL EXAMINER)								
	MEDICAL	20c. TIME OF INJU	RY Month, Day, Ye			CE OF INJURY (Homa, far ory, straet, offica bldg., at		or town)	(County)		(State)
	AED	Hour a.m.	19	While at wor	promy 1401 17 Hill d promy	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1				
	~			. 1		0.00	10.60	0 0	2 10 60	21 . (1)	( -) l
					ded the deceased from						
		saw the deceas	ed alive on q.	2-	2.319 <b>52</b> , and that	death occured at.	.: LO, Ifem	the causes	and on the	date state	d above.
		22a. SIGNATURE	116	2		ATTENDING	MED	CTAFF		22	SIGNED
		Llive	100	der	new "	arrive Told	MED. DIRECTOR	STAFF PHYS.		7-12	21762
		22c. PHYSICIAN'S	~	200		22d. ADDRESS		^		10	
		NAME (Typa)	DAVID :	5. C	LAYMAN	6311 130	Ito lin	e- 18111	CARLO	14.1	,
		l	017110								
		REMOVAL (Specify)			23c. NAME OF CEMETERY	1- 10	23d LOC/	ATION (City, tow	n or county)	- (5	itata)
	1	Surial Contin	2-27-	1962	arlmatonta	honal lem	· Urt	myton	Uns	me	1
	24	FUNERAL DIRECTOR	'S SIGNATURE	0	( ADDRESS		EC'D BY REGIST	RAID 25b. REG	ISTRAR'S OGN	ATURE	
	-	70)	11/10 11	1000	1 P - 0.	0 70,01 4	IAR 1 '6		Thur & to		
1		0	Commen		of 1 words	6 /4 X DATE	COR DU C	(2)	- A. / U	URANES)	
	0	AVVVVV	VILV								



TO DEPUTY MED (A) EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necl please execute the carrivated withing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 7.2 hours after death.

VS. A15ME 5M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02311 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02293

1. PLACE OF DEATH	
a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission
	Pennsylvania b. COUNTY Fulton
b. CITY OR TOWN If outside corporate limits.	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
The Role of the give indicas formi	11-mmi
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Harrisonville 73 X - 3 d. STREET ADDRESS
	ON A FARA
Laurel General Hospital	Star Route YES X NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
(Type or print) Gertrude Elizabeth	sponsler Pebruary 22 19 62
	DATE OF BIRTH     Section 1   9. AGE (In years   IF UNDER 1 YEAR)   IF UNDER 24 HR
Female White WIDOWED DIVORCED	May 25, 1903 Sors. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b KIND OF RUSINESS OF INDUSTR	RY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTI
done during most of working life, even if retired)	
Housewife Own home	Pennsylvania U.S.A.
INTER STAME	14. MOTHER 3 MAIDEN NAME
Ellwood Leach	Anna Rice
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1 (Yes, no, or unkown)   (Ifyesgive werer detes of service)	INFORMANT 105 Tower Acres B
	rene Julia Granata, Laural
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) Acute pt	ulmonary edema
DUE TO	
Conditions, if eny, which (b) Concest	ive heart failure
geve rise to immediate couse	ive heart failure
geve rise to immediate cause (a), stating the underlying	
geve rise to immediate ceuse (a), stelling the underlying cause last.  (c) Coronar:	v ertery disease
geve rise to immediate cause (a), stating the underlying cause last.  (c) Coronar:	y artery disease of related to the terminal disease condition given in part 1(a) 19. Was autops Performed?
geve rise to immediate cause (a), stating the underlying cause last.  (c) Coronar:	y artery disease of related to the terminal disease condition given in part 1(a) 19. Was autops Performed? YES \( \) NO \( \)
geve rise to immediate cause (a), stating the underlying Cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	y artery disease of related to the terminal disease condition given in part 1(a) 19. Was autops Performed?
geve rise to immediate couse (a), stelling the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO E  Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (Stete)
geve rise to immediate ceuse (a), stelling the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to fact the contribution of the contribution	V priory disease  St related to the terminal disease condition given in Part 1(a) 19. Was autops Performed? YES NO [  Enter neture of injury in Pert I or Pert II of item 18.)
geve rise to immediate ceuse (a), steling the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour e.m. p,m.  19  DUE TO  CAUSE OF DEATH BUT NO  CAUSE OF DEATH  While Not While et work et work et work	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO CE  CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
geve rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH.  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year While Not While of work of work of work of work of work.  21. I certify that I took charge of the remains described above, he	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO CENTER NO C
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DUE TO  (a), steling the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year While of work of wo	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO CENTER NO FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO CENTER NO FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO CENTER
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DUE TO    Cause last.   Coronary	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO  CACE OF INJURY (Home, farm, lor)  Indicate bldg., etc.)  Performed in the part I or Pert II of item 18.)  CACE OF INJURY (Home, farm, lor)  Indicate bldg., etc.)  Performed in my opinion bldg.  CHIEF MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
DUE TO  (a), steting the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year While Not While feet work 19 more of the remains described above, he death resulted from: Natural causes Accident Signature  EXAMINER'S NAME (Type)  DUE TO  COPONATION  (c)  COPONATION  COPONATION  (d)  COPONATION  (e)  COPONATION  (D)  COPONATION  (D)  COPONATION  (E)  COPONATION  (D)  COPONATION  (E)  COPONATION  (D)  COPONATION  (E)  COPONATION  (I)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  CAUSE OF DEATH BUT NO  (I)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  (I)  COPONATION  (I)  COPONATION	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO CENTER NO FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO CENTER NO CENT
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DUE TO    Cause last.   Cause last.	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO CENTER NO FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO CENTER NO CENT

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# FOR STATE

TO DEPUTY MED At EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne please execute the sentificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of this designated agent, prior to burial, cremation, or removal, and in any event-within 72 hours after death. 9

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02312 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
02294 02294

I. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before ed	imission)
Prince George's MARYLAND	o. STATE Maryland Prince George	
b. CITY OR TOWN (if outside corporele limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown	
write RURAL end give neerest town)  Cheverly  D.O.A.	29 Cont Blooms	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give sireel address)	Seat Pleasant  d. STREET ADDRESS  1 0. IS RES	
Prince George's General Hospital	606 64th Avenue	FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Year	NO IXI
(Type or print)	OF	00
	Stanford February 14, 19 8. DATE OF BIRTH 19. AGE (In yeers IF UNDER 1 YEAR) IF UNDER 1	62 24 HRS
Female White WIDOWED DIVORCED	June 26, 1890 71 yrs. Months Deys Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		DUNTRY?
Housewife At Home	District of Columbia U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Epoley	Margaret Mays	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give we ror detes of service)	dwin Thomas Stanford Same as #2	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	dwin Thomas Stanford Same as #2	VEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DE	EATH
	stive heart failure	
Conditions, if any, which (b) Cardinare could		
gave rise to immediate cause	er renal disease	
(e), steting the underlying DUE TO		
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AU	TORSY
OLIV CONTRACTOR CONTRA	PERFOR	MED?
20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (I	Enter neture of Injury in Pert I or Pert II of item 18.)	10
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
Hour e.m. WhileNot While fact	ACE OF INJURY (Home, farm, 20f. (City or lown) (County) (5 tory, street, office bldg., etc.)	itete)
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection X, Inquiry X, and in my op	inion
death resulted from Natural causes Accident , Suic	ide, Homicide, Undetermined manner	
	CHIEF MEDICAL EXAMINER	
SIGNATURE CAMES J. SON	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGN	IED
EXAMINER'S JAMES I. BOYD, M.D.	DEPUTY MEDICAL EXAMINER  Address (Street, city, fown, or county)	
22e. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OF		
Burial 2/16/62 Ft. Lincoln	Colmar Manor, M	d.
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE	1
Francis Gasch's Sons Hyattsville, M	Md. DATE FEB 15 '62 Loc 2. Kinns	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02313 CERTIFICATE 4/2 /62 -mh PLACE OF DEATH 2. U.S. SIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Prince Georges Maryland Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town write RURAL and give nearest town) Chever ly davs Highland Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince Georges General Hospital YES NO Y Place. 1210 69th 3. NAME OF DATE Month Year DECEASED OF (Type or print) DEATH Elizabeth Taylor Feb 19 28 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birth'day) Months Female Black WIDOWED ( 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Elms City, N.C. U.S.A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Taylor Mary Boddie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyas give war or dates of service) 6301 Welter Taylor 1210 69th Pl., Highland Pk, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate cause (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING \_ CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour am at work at work 2-28 19.62, and that death occurred al 2.10 Mom the causes and on the date stated above. saw the deceased alive on..... 22a. SIGNATUR ATTENDING MED STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS Harry N. Carlton 25th Street, N.W., Washington, D.C. 23d. AOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Spacify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Pages filled completely N and con physician гетоме please ding permit. þ signed burial-transit attending been certificate has by use as the bur as to prior for After this TOR: Arrel he detached fr retained D. S d O HOSPITAL death. Page 4 r filed v 0:53 VR A15 (4) 15M 9/60



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MARYLAND STATE DEPARTMENT OF HEALTH

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the funeral The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin 64 may be retained by the hospital or attending physician.

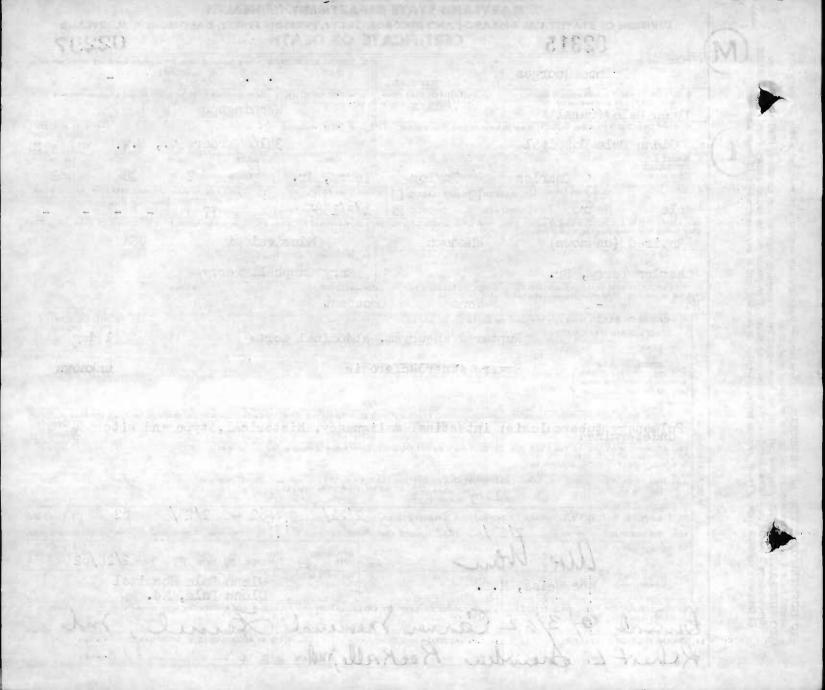
TO FUNERAL DESCRIPTION After this certificate has been signed by the attending physician and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages fared be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) ISM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02315 02297

0.010									
1. PLACE OF DEATH  a. COUNTY Prince Georges  MARYLAND	2. USUAL RESIDENCE (Where daceased lived, ff Institutions e. STATE De Co b. COUNTY	Residence belora admission							
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN )		d give neerest town)							
write RURAL and give nearest town) 7 days Clenn Dale (rural)	Washington	4-7x.3							
d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE							
Glenn Dale Hospital	3416 Warder St., N.	VES NO							
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Yeer							
(Type or print) Charles Taylor	Terry, Jr. death 2 2	8 1962							
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday)								
Male Negro widowed Divorced	1/3/1885   last birthday)   Months   77 yrs.   -	Deys Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (County & State, or loreign country)   12. CIT	TZEN OF WHAT COUNTRY							
Retired (unknown) Unknown	Mississippi US.	A							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Charles Terry, Sr.	Mary Campbell Terry								
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17	7. INFORMANT Address								
(Yas, no, or unkown) (If yesgive were dates of service) None	Decedent								
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Ruptured aneury SI	n, abdominal aorta	1 day							
DUE TO									
conditions, if any, which ) (b) Severe atheroscle	erosis	unknown							
gave rise to immediate cause									
(a), stating the underlying cause last.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4), 19. WAS AUTORSY								
Pulmonary tuberculosis; intestinal ma	alignancy, historical, type and s	ite YES NO							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Pulmonary tuberculosis; intestinal methods:  206. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter neture of injury in Pert f or Part II of item 18.)								
	PLACE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)							
Hour e.m.  While Not While et work at work	factory, street, office bldg., etc.)								
21. I certify that (I) (this hospital) attended the deceased fro	$\frac{2}{21}$ = $\frac{1962}{21}$ to $\frac{2}{28}$ 19	62. that (1) (we) la							
saw the deceased elive on	hat death occured at AM, from the causes and on	the defe stated above							
228. SIGNATURE USE War	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	2/28/62 DATE SIGNER							
22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.D.	Glenn Dale Hospit Glenn Dale, Md.	al							
239 BURIAL, CREMATION, 236. DATE THEREOF 230 NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or count	y) (State)							
Dural 3/62 Carner	memorial Armel,	md							
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE							
Kohert L. Snowden Beet	KNOW MONATE MAR 5'62 Cultury	S. Thous							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02316 CERTIFICATE OF DEATH 02298 CERTIFICATE OF DEATH 02316

	1020							
1. PLACE OF DEA	TH				ENCE (Where de			ce before edmission
	Prince George's  MARYLAND MY leads composed limits, write RURAL and give nerest lown)  The Waryland  A Hours  A Hours  A Hours  A STRET ADDRESS  10622 Molocigra Lane  First  George's  George's  George's  George's  George M.  Colored  Middle  George M.  April 20, 1881  Maryland  April 20, 1881  Maryland  Months  Maryland  Months  Months  Months  Maryland  Months  Maryland  Months  Months  Months  Maryland  Months  Months  Months  Maryland  Months  Months  Months  Maryland  Months  Months  Months  Maryland  Months  Months  Maryland  Months  Months  Months  Maryland  Months  Months							
b. CITY OR TOW	V (if outside corporete lim	its,	c. LENGTH OF STAY IN 16			orete limits, write	RURAL end give	nearest town)
			A House	74Reltsvi	110			
		(if not in horn		/ /				. IS RESIDENCE
						Lane		
	George's Ger	neral	Hospital					YES NO
3. NAME OF DECEASED		Middle	Last				Yeer	
(Type or print)	Geor	ge	M.	Thomas		Febru	ary 21	end give neerest town)    O. IS RESIDENCE ON A FARM? YES NO   Day Yeer   21
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9		IF UNDER 1 YEAR	
Male				April 20.	1881	32	Months Deys	Hours Min.
			Left Services	*			12 CITIZEN C	F WHAT COUNTRY
done during most of	working life, even if retir		AD OF BUSINESS OK INDUS	200		angir country)		
Labo	rer						0.	0 0 000
13. FATHER'S NAM			14. MOTHER'S MAIL	DEN NAME	6			
	George M.	Thoma	S	Angelin	10 ?			
			SOCIAL SECURITY NO.   17.	INFORMANT		Address		
(Yes, no, or unkown)	(If yes give wer or detes of	service)		Olivia Gra	sst same	as ite	n 2:	
1				2 016	Jos Bonto			TEDVAL BETWEEN
		e ceuse per lii	ne for (a), (b), end (c).					
PART I. DE		1	ul am	nan-	emi	7.0cl	erne	
1 1 1	nue to	1	7	1 70		1		
Candidana II		/	1/2/1	2000 1.	· YIL	do	2 00 -1-	
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	DUIT TO							
ceuse lest.	) (c	)						
Z PART II. OT	HER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(e)	
Ĕ								
O ACCIDENT	WAS UNDERLYING	1 20h DESC	DIRE HOW INTERV OCCUR	FD (Enter nature of injury	v in Pert I or Pert I	l of item 18.)		<u> </u>
OR CONTRIBUTI	NG [] CAUSE OF DEATH		WIDE HOW INJUNT OCCUM	LD. (Line) herare or infor	,	1 01 110111 1017		
	IFY MEDICAL EXAMINER	)						
						y or town)	(County)	(Stete)
Hour e.			1401 44 11116	actory, sirect, office brag.	, 0.0.,			
			hand the state of	2-21	1062	221	10 69	that (I) (wa) la
21. I certify	that (I) (this hosp	ital) attend	led the deceased tron	n	, IYQA, 10	4#6±	, 170.6 1	rnar (I) (we) la
saw the dec	eased alive onZ=	:Z.L	19.5%, and th	at death occured a	1.0.4M, from	n the causes	and on the d	
22e. SIGNATU	RE )	1-		ATTENDING	MED.	STAFF		
	1 Danne (	15a6	enaa,	DING II				2/22/62
22c. PHYSICIAI				22d. ADDRESS				
NAME (T	Jeanna C	Batos	man, M. D.	0/10 25	h C+ N	TAT TAT	hington	7 7 7
				V OR CREMATORY	234 100	ATION (City, to	hington	(State)
REMOVAL SE	ATION, 236. DATE THE	EKEOF	Ash Memoria	1.		andy Spr	9.73	
During	7 7 5	0	10					
24 FUNERAL HIREC	TOR'S SIGNATURE	NION	allookess	25a.	REC'D BY REGIS	TRAR 25b. RE	GISTRAR'S SIGNA	
Robert	L. Snowden:	Ro	ckville, Md.	DATI	FEB 2 8	.02	Cillus L. T.	Viaise.
VODer. C	D. OTTOM COTT.	3.0		INA				

the funeral TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may totained by the hospital or attending physician.

O FUNERAL DIFFEROR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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the funeral TO HOSPITAL OR XTTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.

Yellow To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 may 2 should be detached for use as the burial, remation, or removal, and in any event, within 72 hours afferded in the completely of Health prior to burial, cremation, or removal, and in any event, within 72 hours afferded in the completely filled in the completely

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02317 CERTIFICATE OF DEATH 02299

1	1. PLACE OR DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Reside	nce belore admission)
1	a. COUNTY	a. STATE V 1 / C / b. COUNTY,	
-	b. CITY OR TOWN (if outside cyrporate Cmrs, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
	b. ICITY OR TOWN (if outside corporate dants, c. LENGTH OF STAY IN 1b	C. CITT OK TOWN (III Oblision Composition Millins), while KOKAL and give	1 1 2
	Daral - Hocephi 148.6 mo	Wyshington	17.3
1	d. MAME OF HOSPITAL OR INSTITUTION (il not in hospital, gradareet address)	d. STREET ADDRESS The -Y 10	o. IS RESIDENCE ON A FARM?
	Frin Branch Nussing Home	4048 7 DI. N.E.	YES NO NO
-	3. NAME OF DECEASED First Middle	Last 4. DATE Month Da	y Year
	(Type or print) 1=1/2 /0	motins DEATH 1-eb. 15	1962
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATT OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   last birthday)   Months   Days	Hours Min.
1	Femile while WIDOWED DIVORCED	Hon/ 63, 1884 79 yrs.	Hours Ham.
-		11. BIRTHPLACE (County & State, or lowigh country)   12. CITIZEN	OF WHAT COUNTRY?
	dona dyring most of working life, even if retired)	Dlaw Ward	S.A.
-	HOUSEWITE	14. MOTHER'S MAIDEN NAME TO MILAIRY	BAN
1	OF KINMED 1 L	E/ D/11/91 /4	GAY
].	Damuel Siloberts	1-1130 100erts,	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1 (Yes, no. or unkown)   (Ifyesgivewarordatesofservice)	INFORMANT Address	
	No none Nu	Irsing home records	
	18. CAUSE OF DEATH [Enter only one cause per line lor (a), (b), and (c).]	777	NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: James Take Torm	inst presented of	
4	T 4 2 V DUE TO C 4	+/	11.
	a la	nd despare.	daylo
	gave rise to immediate cause	· Current	The state of the s
	(a), stating the undarlying DUE TO	t- 1 '	
	cause last. (c) Sunnalized and	emperenses	10 1111 5 1117 0 5 5 4
-[	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
1			YES NO
		. (Entar nature of injury in Part I or Part II of item 18.)	
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
1	The same of the sa	lory, street, office bldg., etc.)	
		1041 15/06	7
1	21. I certify that (1) (this hospital) attended the deceased from.	19 160 400, 19.00	4hat (I) (we) last
1	saw the defeased alive on 0 160 19 0 and that	death occured at. 7 M, from the causes and on the	date stated above.
	22a. SIGNATIONE	ATTENDING _ MED STAFF	22b. DATE SIGNED
	(Immercinally Co) M	.D. PHYS. DIRECTOR PHYS. 10 Let	1-602
	22c. PHYSICIAN'S NAME-HAPPY	1 22d. ADDRESS DEM Y/-	a
-	Thomas Mattingly,	7.D. 2200 K. L. HUENE	18X
		OC CREMATORY   23d. LOCATION (City, town or county)	(State)
	PC-WYV AI (Specify)	aptish Com Bethesda	med.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 0	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE
	Doul Feeneral Home 4812 Dal	Que VICO DATE FEB 1 9 '62 Chillan d. Th	
1	Jose of Assessment of the state	DAIL I SO	

harmon of the the thing the state of many The State of Museul & House Hotel of the State of the Sta That the teamphone tests in Fernale white was - End Egint Egint Englisher Acres Kerner Branch Brown The state of the s come Margaret being recess -Brown Brown 24 62 Mit 310 Repter and Bettales Tree

# FOR STATE HEALTH DEPT TO DEPUTY MED. 1. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event—within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF BEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02300 02318

•	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)  a. STATE aryland b. COUNTY Prince George
1	Prince George's MARYLAND	3 2000
13	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Cheverly 2 days	// /Greenbelt
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
1	Prince George's Hospital	7 K Southway Road
	3. NAME OF First Middle	Last 4. DATE Month Day Yeer
	DECEASED (Ivne or print)	OF Hohmony 6
3	Agnes	20111201
	Fome To White	DATE OF BIRTH  9. AGE (in years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	I MIDOWED DIVOKCED []	February 2, 1900 04 yrs.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life wise if rethod)  Retired	11. BIRTHPLACE (Siete or foreign country) 11. DISTRIPLACE (Siete or foreign country) 11. SIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Fred Richter	Anna Cunat
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. D	NFORMANT Address Greenbelt, Md.
	(Yes, as, or unkown)   (Ifyesgive war or detectors of service)	Greenberg, Mu.
	None Pro-Dr-Roll Mr	s. Nancy M. Fox, 44B Ridge Road,
	18. CAUSE OF DEATH  Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (6) Hemorrhage	
	DUE TO	
	Condillons, if ony, which ) (b) Massive reta	roperitonal hemorrhage
	gave rise to immediate cause	oper romar nemorrnage
	(e), stating the underlying for the cause last.	the pelvis, fractures of ribs
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	E STATE OF THE STA	PERFORMED?
	<u> </u>	YES INO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  CAUSE OF DEATH 2  Pagesenger in a	nter neture of injury in Pert I or Part II of Ilem 18.)
	200000000000000000000000000000000000000	n automobile that was in a collision
,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE While Not While Poly Rock Rock Rock	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	2 : 4 / 62 While Not While Road	Mitchellville P.G. Md
9	21. I certify that I took charge of the remains described above, hel	d as Autono D lessosias E Lesis E Li
	death resulted from: Natural causes . Accident Suicident	de
		CHIEF MEDICAL EXAMINER
	SIGNATURE COMES STORES	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER 🖟 February 7, 1962
1	NAME (Type) /James I. Boyd	Address (Street, city, town, or county)
	220 DURIAL CEMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREANDER 22d. LOCATION (City, town, or country) (Stete)
	Burial   Feb.10,1962 Fort Lincol	n Cometeny Pladenchung Marris
1	23. FUNERAL DIRECTOR ADDRESS	n Cemetery Bladensburg, Maryland
	W. W. CHAMBERS CO. Riverdale, M	
	Trelugie, M	d. DATE EB 9 '62 Clother S. Thomas

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# FOR STATE

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12319 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2301

EPT.		PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If institution: Re	sidence before admission)
		a. COUNTY	a. STATE b. COUNTY	O 1 -
	_	Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	Maryland Prince ( c. CITY OR TOWN (If outside corporate limits, write RURAL and	George's
-		write RURAL and give nearest lown)	c. Cit i Ok IOWN (if ourside corporate limits, write kokat and	give nearast town)
43)41		Cheverly 8 1/2 hr	g 4 / Mt. Rainier	
1/2/2		Cheverly 8 1/2 hr	d, STREET ADDRESS	a. IS RESIDENCE
771		Designed George 1 . George 3 . 77 . 14 3	1000 30th Street	YES NO L
	2	Prince George's General Hospital	4009 30th., Street	Day Year
		DECEASED	OF	Day Tear
		(Type or print) James Edward	Trainor February	10, 19 62
11	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	Trainor February  DATE OF BIRTH 9. AGE (In years   FUNDER 1 Y	
	W	Male White WIDOWED DIVORCED X	August 1, 1909 52 yrs. Months D.	ays Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR		EN OF WHAT COUNTRY
	do	na during most of working life, even if relired)	CALVERT,	
36		Mechanic Automobile	Maryland	J.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
T		Thomas Alexander Trainor	Helen Elizabeth England	
L	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	NFORMANT Address	
and the same of th	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IS, no, or unkown) (If yesgive were deles of service) 578 - 01 - 9/60 Jo	Silver Spri	ings, Md.
			seph L. Trainor, 9104 Provi	Idence Ave
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	11	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL	HEMURRHAGE	
		3 3 1 × DUE TO		
		geve rise to immediate cause (b)		
		(a), stating the undarlying DUE TO		- A-E-N
		cause last. (c)		
	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	1(e) 19. WAS AUTOPSY PERFORMED?
2	ĒΥ			YES NO
1	IFIC	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (E	inter nature of injury In Pert I or Pert II of item 18.)	
	ERT	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
	7		CF OF BANKING (I)	(5)
	) O	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. 20d. INJURY OCCURRED fect	CE OF INJURY (Home, ferm, 20f. (City or town) (Count ory, street, office bldg., etc.)	(State)
	MEDI	p.m. 19 et work et work		
		21. I certify that I took charge of the remains described above, he	old an Autopsy X, Inspection X, Inquiry X,	and in my opinion
			ide . Homicide . Undetermined manner	
		Accident [], Suite		
		1 0 0	CHIEF MEDICAL EXAMINER	
		SIGNATURE James 2. Joyce	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
0			DEPUTY MEDICAL EXAMINER	2/10/62
1		NAME (Type) / JAMES I. BOYD, M.D.	Address (Street, city, lown, or county)	2/10/02
6	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF		(State)
		REMOVAL (Specify)		
1		Burial   2-12-62   Fort Lincoln Ce	emetery   Prince George's Co.	maryland
)	23.	11001114114141	Ave 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	INATURE M.A.
X	W.	arner E. Pumphrey, Inc. Silver Spring,	Md. DEFEB 1 4 '62 arithur & Phras	
10),	-			
-				

EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, TO DEPUTY MED 10050 main that entire and the party of the same purition that are now something the local state of the first of the fi Linear S. Andrias St. L. Carlotte Spring St. Co. Co.

the funeral ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be excessed death. Page 4 may retained by the hospital or attending physician.

TO FUNERAL DIA FOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

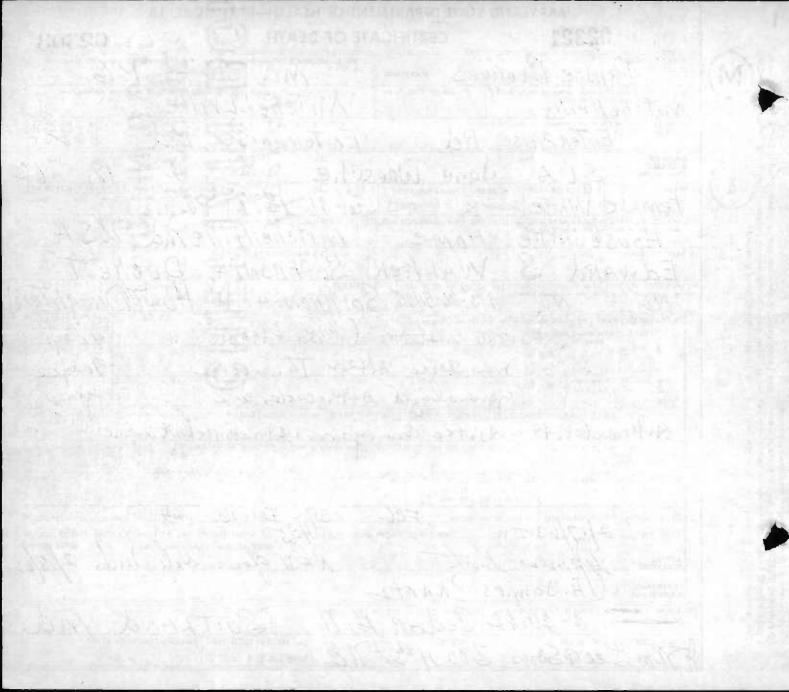
STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02320 CERTIFICATE OF DEATH **DIVISION OF** 02200

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDEN	CE (Whare daca			lenca befora admissio		
Prince George's MARYLAND	REX Maryl	and	Prine	e George	e's		
b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. CITY OR TOWN (	If outsida corpora	ita limits, write	RURAL and giv	re nearast town)		
Cheverly 1 day	37 Rogers H	eights					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS				a. IS RESIDENCE		
Prince George's General Hospital	5603 Dec	atur Pla	00		YES NO		
3. NAME OF First Middle DECEASED	Last	4. DATE	Month	Da	ву Үеаг		
(Type or print) Arthur Emil	Trost Jr.	OF DEATH	Febru	ary 6	19 62		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8	B. DATE OF BIRTH			IF UNDER 1 YEA			
Male White WIDOWED DIVORCED	4-4-03		58 yrs.	Months Days	s Hours Min.		
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Cour	ity & Stata, or for		12. CITIZEN	OF WHAT COUNTR		
done during most of working life, even if ratified)  Ceramic  Supplies	Ohio			U.S.	Α		
3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		0.0.			
Arthur Emil Trost Sr.	Lida Ca	mp					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	-	Addrass				
(Yas, no, or unkown) (Ifyesgivawarordatesofsarvica) Jo	osephine M.	Trost	same a	as #2 (	Wife)		
18. CAUSE OF DEATH  Enter only one cause per line for (a), (b), and (c).		P			INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) OF FRANK LIE LANCELOR							
Conditions, if ony, which (b) Hybe farcing Cardio - renal desease							
gave risa to Immadiata causa							
(a), stating the underlying DUE TO	· cd				2-3-6		
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT REVATED TO THE TERMI	NIAL DISEASE CO	NOITION CIV	ENI INI DADT 1(=)	LI 10 WAS ALITODS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMI	NAT DISTASE CO	D 3	EIN IIN CANT I(a)	PERFORMED?		
51			V 18	4			
ACCIDENT WAS INDESIVED TO LOOK DESCRIPTION INTUINVOCCUPER	Charles of tales in	Dart Lau Bart II a	Thomas 200 3		YES NO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in	Part I or Part II o	f itam 18.)		TES NO D		
	D. (Enter nature of injury in ACE OF INJURY (Homa, farr tory, straat, office bldg., atc	n, ; 20f. (City o		(County)	(State)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/ Hour a.m. While at work at work at work	ACE OF INJURY (Homa, farr tory, straat, office bldg., atc	n, 20f. (City o	r town)		(State)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. p.m. 19 while at work at work 21. I certify that (I) (this hospital) attended the deceased from	ACE OF INJURY (Home, farritory, straet, office bldg., atc	n, 20f. (City o	r town)	, 196.2	(State)		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.  19  20d. INJURY OCCURRED While at work at work at work at work at work at work saw the deceased alive on 2-6.  21. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive on 2-6.	ACE OF INJURY (Home, farritory, straet, office bldg., atc	n, 20f. (City o	r town)	, 196.2	(State) , that (I) (we) la		
20c. TIME OF INJURY Month, Day, Year While Not While at work 21.   certify that (I) (this hospital) attended the deceased from	ACE OF INJURY (Home, ferritory, street, office bldg., atc	1962 to	the causes	, 196.2	(State)		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.  19  21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on2=6	ACE OF INJURY (Home, ferratory, streat, office bldg., atc.  1 death occured at 1.  ATTENDING PHYS.	1962 to 1.30 from	the causes	, 196.2	(State) , that (I) (we) la date stated above		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/ While at work 19 technology at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 2-6 1962 at work 22a. SGFATURE	ACE OF INJURY (Home, ferritory, streat, office bldg., atc.  1 death occured at 1.  ATTENDING PHYS.  22d. ADDRESS	1962 to	2=6 the causes STAFF PHYS.	, 1962 and on the	(State) , that (I) (we) la date stated above		
20c. TIME OF INJURY Hour a.m. p.m.  19  21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on2=6	ACE OF INJURY (Home, ferritory, street, office bldg., etc.  t death occurred at 1.  ATTENDING PHYS.  22d. ADDRESS  3717 38th	1962 to	2=6 the causes STAFF PHYS.	and on the	(State)  , that (I) (we) la date stated above 22b. DATE SIGN		
20c. TIME OF INJURY Hour a.m. p.m.  19  21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ACE OF INJURY (Home, ferritory, street, office bldg., etc.  t death occurred at 1.  ATTENDING PHYS.  22d. ADDRESS  3717 38th	1962 to	r town)  2-6 the causes  STAFF PHYS.   Cotta	and on the	(State)  , that (I) (we) la date stated above 22b. DATE SIGN  Maryland (State)		
20c. TIME OF INJURY Hour a.m. p.m.  19  21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ACE OF INJURY (Home, ferratory, streat, office bldg., atc.  t death occured at 1.  ATENDING PHYS.  22d. ADDRESS  3717 38th  OR CREMATORY	1962 to	z=6 the causes STAFF PHYS.  Cotta ION (City, tov	and on the ge City,	(State)  , that (I) (we) la date stated above 22b. DATE SIGN  Maryland (State)		

a to a serie of the series of Telligram as page file. DESCRIPTION OF THE POST OF THE Farmer of the second society Lings Sale - Bartenidas - Superin - - -CTINE DIN Louishing M. Midet Emmy as AE. (Wille) historic, did egitto, careta il at 1257 as a control of the course of the court and Eurigal S/10/62 Mt. Olivet Since Wight

Prencis Gasch's Sons - Fyethering, maryland - - me

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02321 CERTIFICATE OF DEATH Reg. Dist. 0230.3 PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Fled b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16 c. CITY OR TOWNL(If putside gorporote limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE OR INSTITUTION ON A FARM? by NAME OF DATE Last Year filled DECEASED DEATH (Type or print) 5 SEX-9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAJE OF BIRTH completely lost bighdoy) Months Days Hours DIVORCED [ papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during/most of working life, even if retired) puo pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO aftending INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). 0 PART I. DEATH WAS CAUSED BY: Lango IMMEDIATE CAUSE (o) DUE TO 49 Conditions, if ony, which signed gove rise to immediate per **DUE TO** couse (o), stoting the underpuo lying couse lost. burial-tronsit has been PART II. OTHER SIGNIFICANT CONDITION TED TO THE TERMINAL DISEASE CONDITION GIVENLIN PART 1(0) 19 WAS AUTOPSY PERFORMED? movo YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING certificate OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work spital p. m. 1961 That I last saw the deceased 21. I certify that lattended the deceased fram and that death accurred at 4 alive an \_M, fram the causes and an the date stated above. ADDRESS (Street, city or flown State) DATE SIGNED TO FUNERAL DIRECTO ACTUAL prior SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) he **ADDRESS** 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Caller & Krous 1SM 9/SB



### MARYLAND STATE DEPARTMENT OF HEALTH

02322 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02304

1. PLACE OF DEATH Pr. Ceo.	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If institution b. COUNTY	on: Residence before admission) Pr. Geo.
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)  Hyattsville	c. LENGTH OF STAY IN 16 2 Yrs.	c. CITY OR TOWN (IF Hyattsvil	outside corporate limits, write RI	URAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give 5707 NJAMES town Rd.	street oddress)	d. STREET ADDRESS 5707 James	town Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) HERBERT	R Middle	WELLS Lost	4. DATE Mon OF DEATH Feb.	th Day Year 9 1962
Mala White	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 14 Mar 1896	9. AGE (In years 65st birthdoy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work don during most of working life, eyen if retired) Cartographic Aid, Ret.	Army Map Serv.	Maryland	e or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
James A. Wells		Linda Roda	amor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES  (Y no. or unknown)  (If you way way or dates of service)	(a)	elaide W. Wo	ells Same as	ress # 2 ( Wife )
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  Conditions if ony, which gove rise to immediate (b) DUE TO (c)	Chronic L. With Throne	les ey to pe	uia/	7 montes
PART II. OTHER SIGNIFICANT CONDIT	1	NOT RELATED TO THE TERM	ainal disease condition giv	YEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy. Year Hour o. m. 19	20d. INJURY OCCURRED While Not while of work of work	ACE OF INJURY (Home, far ctory, street, office bldg., et	m, 20f. (City or town)	(County) (State
21. I certify that (I) (this hospital) a sow the deceased alive on 2			$\frac{2-9}{1}$ . M, from the couses an	d on the date stoted above
220. SIGNATURE Real Alexander	1. 1	M.D. ATTENDING PHYS.	AED. STAFF DIRECTOR PHYS.	2-9-6 2 SIGNED
	FLEISCHER	905 Sh	HERIJAN Sh.	144ATTSVILLE M
23a. BURIAL, CREMATION, BUSMOVAT (Specify) 2/12/62	Arl. Natl. C		23d. LOCATION (City, town, of Arlington	or county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE  F. Gasch's Sons Hya	ADDRESS attsville. Md.			STRAR'S SIGNATURE

il director, filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page may be retained by the sopital or oftending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and campletely filled in by the first page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shaward filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/S9

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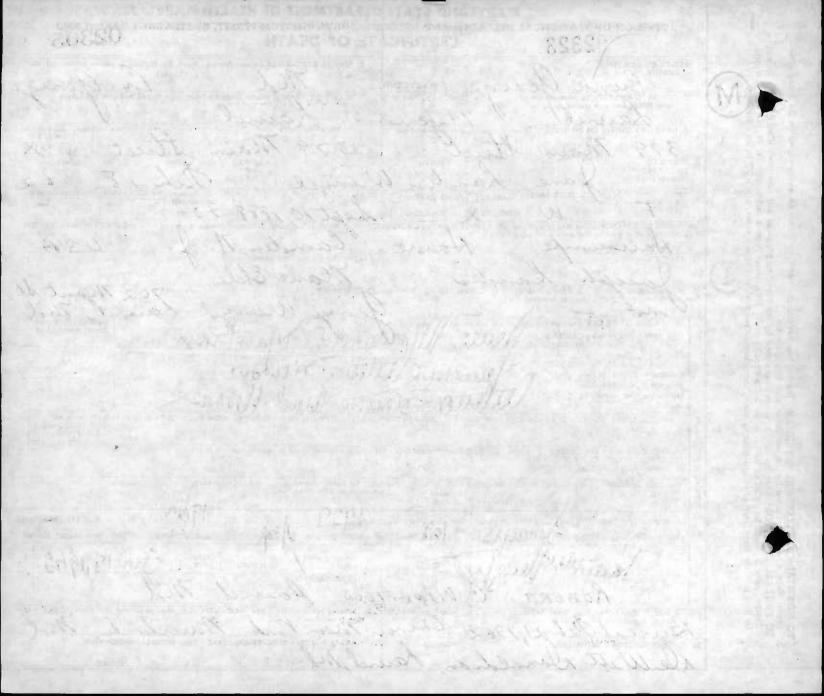
the funeral death. Page 4 mg. Exterimed by the hospital or attending physician.

TO FUNERAL Directors. After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the state Dept. of Health prior to burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02323 CERTIFICATE OF DEATH

- 1		the manner manner and the state of the state
	1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Pesidence before edmission)
	P	a. STATE THE B. COUNTY
	Trust Glarge MARYLAND	The In George
L	b. CITY OR TOWN (if outside corporate limits, write RURA) and give nearest form)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give parest town)
	damel 14 years	1 James V
/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stylet eddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	270 M. H	1379 Mui Street YEST NOTE
-	Jij Main selle	and the second second
	3. NAME OF First Middle	Lasi 4. DATE Month Day Year
	(Type or print)	DEATH (1) 6 7
-	france panous	and the same of th
	5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED	
	F MIDOWED DIVORCED	April 1888 73 yrs. Months Days Hours Min.
-		region 10. 1 · · · ·
	10a. USUAL OCCUPATION (Give kind of work done during most of working fife, even if retired)	RY 11 SIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dono during mest of working me, even y femed)	1. 1. 7 1 1.00
-	Hausenge Haire	current, 1. 1.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
M		7/1 000 8/0
11	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Trace the
	15. WAS DECEASED FOR IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ityes give war or dates of service)	INFORMANT Address 702 Mart St
	1	1 11/2 12 1 Land m. 1
		THE LINTERVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	ONSET AND DEATH
	PART F. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	MITTIGUE PAR (SO POLICE)
	IMMEDIATE CAUSE (6)	mary July of the
	DUE TO L	A. V. 1
	Conditions, if any, which \ 180 181 180 00001 18	WITTER CRUMINAL
	geve rise to immediate cause	William I was a second
	(a), steting the underfying DUE TO	- il the following
	cause last. (c) MMM TON	on too letous over-cell
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20e. ACCIDENT WAS UNDERLYING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
	<b>*</b>	YES NO
	200, ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Pert I or Pert II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH	(41)
- 1	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PL While Not While feet work et work	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)
	Hour e.m. While Not While	ctory, street, office bldg., etc.)
	p.m. 19 et work et work	M) AC.
		10 to 10 (0 (m) lest
	21. I certify that (I) (this hospital) attended the deceased from	
	saw the oceased alive on willen 1991, and that	at death occured al. 30 M, from the causes and on the date stated above.
	22e, SIGNATURE OG AN	22b. DATE
	220. 31011701	ATTENDING MED. STAFF
	MODELLE MILETARE	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	con language Mid
	NOBERT C. WING-FI	ECD pauly, 119
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	STANOVAL (Specify)	n. 61 m / / n. 0
	Durial Vilh 21/1962 miner	10 cm ack 1 werterten 100
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	11/2 11/1 Tt 11/4 11 Km	1 ha harres a c 162
	We wer Honaldian lin	rel MATEFR 26 '62   Critical & Thomas
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## DIV

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02306

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare daceased lived, If institution: Residence before admission)
a. COUNTY Prince Georges MARYLAN	o. STATE Maryland Prince Georges
b. CITY OR TOWN (if outside corporale limits,   c. LENGTH OF STAY IN	1 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
write RURAL end give neerest town) Cheverly 10 days	12 Laurel
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Prince Georges General Hospital	1704 Sandy Springs Road YES NO NO
3. NAME OF First Middle	Last 4. DATE Month Day Yaer
(Type or print) JAMES E.	Whaley DEATH Feb 26 1962
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH   9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Iest birthday)   Months   Days   Hours   Min.
Male White WIDOWED DIVORCED	] 16 July 1903   58 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, alon if retired)  Retired  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgive were red ales of service)	Whitestane Va, USA
18. CAUSE OF DEATH [Entar only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which	Cinnhosis of Liver 3 mos.
geva rise to immediate cause	
(a), steting the underlying Cause lest.	
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO Z
	CURED. (Enter neture of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c While Not While p.m. 19 at work at work	e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (Stete)
21. I certify that (I) (this hospital) attended the deceased fr saw the deceased alive on 2/26 1962, and	that death occured at 9.3M, from the causes and on the date stated above.
220. SIGNATURE  Human Dane Gmess	M.D. ATTENDING MED. STAFF 2/26/62 SIGNED PHYS. 2/26/62
22c. PHYSICIAN'S NAME (Type) Nonman ) on A! Come	Au 3503 Penny ST MT MAINIER ML
238. BURIAL, CREMATION, 23b. DATE THEREOF 239. NAME OF CEMET	TERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  Cenetary Buttersulle Mil  25d REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Le Will Danaldon Kan	255 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE MAR 1 '62 Cultury S. through

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## please remove carbon papers. Pages I and in any event, within 72 hours after Pages The law requires that the death certificate be executed within CTOR: After this certificate has been signed by the attending physician and completely carbon Then please remove 3 should be detached for use as the burial-transit permit. attending physician. to burial, cremation, ATTENDING PHYSICIAN: the hospital or prior retained by TO HOSPITAL OR ALT death, Page 4 me TO FUNERAL DA director, page 3 should a be filed with the State D

	MAF	RYLAND STATE DEP	ARTMENT OF HEALTH	
DIVISION OF STA	TISTICAL RESI	EARCH AND RECORDS,	301 W. PRESTON STREET, I	BALTIMORE 1, MARYLAND
023	25	CERTIFICATE	OF DEATH	02307
PLACE OF DEATH				ceased lived, If institution, Residence before admis
Prince	Georges	MARYLAND	a. STATE Maryland	Prince Georges
b. CITY OR TOWN (if outside	corporate limits	Le LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corne	rate limits write RURAL and give pagrast lown)

	04040	Item 9 Film G308	3/6/62	mlo		0230	)7
1. PLACE OF DEATH a. COUNTY Pri	noe Georges	MARYLAND	2. USUAL RES	Maryland	b. COUNTY		Georges
write RURAL and	outside corporate limils, give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside corporate I Washington 2		RAL and give i	aarast lown)
	Georges Genera		d. STREET AD	6250 Rollin	s Ave.	S.E.	ON A FARM
3. NAME OF DECEASED (Type or print)	Agn es		hite		Month	Dey 25	Yaar 19 62
5. SEX Female	DIAGA	WED DIVORCED	. DATE OF BIRTH	1892 7g	69 <sup>115.</sup>	onths Days	Hours   Min.
10e. USUAL OCCUPATIOn done during most of wor		. KIND OF BUSINESS OR INDUSTR		E (County & State, or foreign	n country)		5. A.
13. FATHER'S NAME	Queen			ha Snows	len		
(Yes, no, or unkown) (If	yesgive weror detesofservice)	3	ohn 21	1. white-se	Address	No. 2	
PART I. DEATH	EATH (Enter only one ceuse p I WAS CAUSED BY: MMEDIATE CAUSE (a)	er line for (a), (b), and (c).] accinomatosis				INT	ERVAL BETWEEN
Conditions, if any,		accinoma of	s to maci	n .			
geve rise to Immedia (a), steting the un	eta cause	6					

causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) **TIFICATION** PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert It of item 18.) 20a. ACCIDENT WAS UNDERLYING

GE	(IF EITHER, NOTIFY MED	ICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Hour a.m. p.m.	Month, Dey, Yeer	20d. INJURY OCCURRED While Not While et work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	ity or town) (C	ounty) (Stata)

and that death occurred at 6.245A in the causes end on the date stated above. 21. I certify that (I) (this hospital) attended the deceased from... 19.62 22e. SIGNATURE STAFF PHYS.

		1	em	une C	1	2 Omos	-	M.D.
22c.	PHYSICIAN'S NAME (Type)	0				2	11 0	
			Dr.	Jeanne	C	Bateman	Me	

230. BURIAS, CREMATION, 236. DATE THEREOF

; E	atemar	M.D.		228. ADDRES	40	9 -	25	Tu/	VW	Wark	De
23c.	NAME OF	CEMETERY	OR	CREMATORY		23d	. LOCA	ATION	(City_tow	n or county)	(State)

DIRECTOR

KEMOTAL (Specify)	3/1/62	Mtillivet	Cem.	Wash.	M.C.
24 FUNERAL DIRECTOR'S	S SIGNATURE -	ADDRESS	25e	REC'D BY REGISTRAR	256. REGISTRAR'S SIGNATU

Henry S. Washington & Sons 4925 Vacne Crs. D. Z DATE WAR

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12326 CEPTIFICATE OF DEATH

	02020						- 100		
. PLACE OF DEAT	Н	F		2. USUAL RESIDEN	ICE (Where de	ceesed lived, If	institution: Res	idence before ad	mission
a. COUNTY	Prince George	es	MARYLAND	a. STATE	D. C.	b. COU	YTY	- 0	
b. CITY OR TOWN	(if outside corporate limits	, c. LENGT	H OF STAY IN 16	c. CITY OR TOWN	(If outside corp	orate limits, writ	e RURAL end g	ive neerest town)	
	ale (rural)	23	days		Washing		4	7x -3	
d. NAME OF HOSE	TITAL OR INSTITUTION (II	not in hospital, give s	treet address)	d. STREET ADDRESS			-	e. IS RES	
	Dale Hospita	1			1330 S.	Cap. St	., S.E.	YES 1	NO T
NAME OF DECEASED	First		Middle	Last	4. DATE	Mont	h I	Day Yeer	-
(Type or print)	Char	rles	W.	White	OF DEATH	2		3 196	2
SEX	6. COLOR OR RACE	. MARRIED   NEVE	R MARRIED	B. DATE OF BIRTH	9.	AGE (In yeers	IF UNDER 1 YE	AR IF UNDER 2	4 HRS
Male	Negro	Separa	ted DIVORCED	12/17/0	04	last birthday) 57 yrs.	Months De	ys Hours	Min.
. USUAL OCCUPA	TION (Give kind of work	10b. KIND OF BUS	INESS OR INDUS	TRY   11. BIRTHPLACE (Cou	nty & Stele, or	foreign country)	12. CITIZE	N OF WHAT CO	UNTR
Truck-	orking life, even if retired ariver	Square Dea 342 S. Cap	St.	Co. Washing	rton, D.	. C.	U	SA	
FATHER'S NAME				1 14. MOTHER'S MAIDEN	NAME				
Dan Le	ewis			Eliza V	White Ha	wkins			
	VER IN U.S. ARMED FORCE		CURITY NO. 17.	INFORMANT		Address			
No.	(If yes give wer or detes of ser	579-01	-3073	Decedent					
	DEATH  Enter only one o	cause per line for (e), (	(b), end (c).)			7717	1	INTERVAL BETW	
	TH WAS CAUSED BY:	Massive h		re				ONSET AND DE	ATH
C &	IMMEDIATE CAUSE (a)_	12000246 11	CILCITATE					- days	_
~ 0	DUE TO	D 1 1					E CHO		
Conditions, if er	/10/	Ruptured	esopnage	eal varices					
gave rise to imme (a), stelling the	DILLE TO								
cause last.	(c)	Laennec's	cirrhos	is of the liv	ver				
PART II. OTH	ER SIGNIFICANT CONDITI	ONS CONTRIBUTING	TO DEATH BUT I	OT RELATED TO THE TERM	INAL DISEASE	ONDITION GIV	EN IN PART 1	19. WAS AU	TOPSY
rulmonar	y tuberculos	is; renal	disease	with azotemia	a, etio	logy und	le-	PERFORA	MED?
	; pulmonary				D 41 D 41	46.1		YES X NO	2
OR CONTRIBUTING	G CAUSE OF DEATH	206. DESCRIBE HOW	INJURY OCCUR	ED. (Enter neture of injury in	Pert I or Pert II	of item 1B.)			
	Y MEDICAL EXAMINER)								
20c. TIME OF IN	URY Month, Dey, Yeer		1.	LACE OF INJURY (Home, far actory, street, office bldg., et		or town)	(County	) (SI	tete)
Hour e.m.	19	While Not W	11110	erory, street, office prog., et	/				
		1	1	1/11/	10 62 1-	2/2/	10 6	2 45-1 (1) (	-1 (-
	that (I) (this hospita				17		19.97	2, that (1) (w	e) (a
saw the decea	ised alive on	/19.	, and th	at death occured at	n.aM, from	the causes	and on the	dale stated	abov
22a. SIGNATURE	111 2	1100			MED.	STAFF		22b.	DATE SIGNE
	color	1 cm			DIRECTOR X			1 -1	SIGNE 2
22c. PHYSICIAN'.				22d. ADDRESS		Glenn Da			
		ss. M.D.				Flenn Da	ale, Md	•	
	TION, 236. DATE THERE		ME OF CEMETER	OR CREMATORY	23d. LOC/	TION (City, Io	wn or county)	(Stet	e)
REMOVAL (Specificurial	2-9-62	Nati	onal Har	mony Cemetery	Prir	ce Cent	roe's C	ounty, M	d .
FUNERAL DIRECTO		ADI	DRESS			RAR 25b. RE			4.
2.	1 111	11 2	215 129	1 - 0 6			irthun S.	4 -	
to un	Municipal	W. 30	リリーリ	N.E. D.C. DATE	EB B '	52   0	comment s.	I Aproved	
11 Pa	BOLTI D	UI,		STREET, SQUARE		Be SHE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may seemed by the hospital or attending physician.

TO FUNERAL DIRECTOR OF After this certificate has been signed by the attending physician and completely filled in by for director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and schooled be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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attended to the court of the co

Page, TO DEPUTY NEW CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the ertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral din 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for ITO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02327 MEDICAL EXAMINER	o deminion.	E OF DEATH	02309
1. PLACE OF DEATH a. COUNTY			institution: Residence before edmission)
Prince George s MARYLANI	a. STATE Marv	land b. coun	
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN )	- AMELA, Y		rince George B
write RURAL end give neerest town)	20		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	Pleasant	l a. IS RESIDENCE
			ON A FARM?
Prince George's General Hospital	407	69th. Place	YES NO
DECEASED	LUSI	I. DATE Month	
(Type or print) George Sidney	Windsor	DEATH Februs	ry 21, 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YE R IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	June 4 10	916 45 yrs.	Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY   11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
Car Inspector Wash, Termina	7 Manual		
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	U.S.A.
CA Amora			
Sidney John Windsor  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	May Est	elle Windsor	
(Yes, no, or unkown) (Ifyesgivewarordelesofservice)	. MICHIANI	Seat	Pleasant, Md.
No 719-03-1620  18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]	Jacob Hezeki	lah Windsor	517 69th Place
			TIMTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute con	gestive hear	rt failure	ONSET AND DEATH
MASCAUSE (e) Acute con	gestive hear	rt failure	ONSET AND DEATH
HAMEDIATE CAUSE (6) ACUTE CON			ONSEL AND DEATH
Conditions, if eny, which geve rise to Immediate cause	gestive hear		ONSEL AND DEATH
Conditions, if eny, which geve rise to Immediate cause (e), stating the underlying  [MAEDIATE CAUSE (e)  Acute con  Hypertens  DUE TO			ONSEL AND DEATH
Conditions, if eny, which geve rise to Immediate cause (e), stating the underlying cause last.  Acute con  DUE TO  (b) Hypertens  (c)	sive heart d	isease	
Conditions, if eny, which geve rise to Immediate cause (e), stating the underlying cause last.  Acute con  DUE TO  (b) Hypertens  (c)	sive heart d	isease	
Conditions, if eny, which geve rise to Immediate cause (e), stating the underlying cause last.  Acute con  DUE TO  (b) Hypertens  (c)	not related to the termin	1 sease	EN IN PART I(a) 19. WAS AUTOPSY
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Prince George's Maryland Stagrood soning

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Frince George's General Hospital 407 69th, Place

George Stamey Windsor Tebruary 21, 58

Male White Tree June 4, 1916 45

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Sidney John Windsor May Estable Windsor

719-07-1620 Jacob Herestan Windors 517 69th Piece

JAMES I, BOYD, M. J.

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Armois Cancilla Says Evectiville, recryland

2/22/62

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02310

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reston	L	Wide	DEATH	Feb	20 19	62
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White WIDOWED	DIVORCED [	14 Jan 19		7 yrs.	Days Hours	//////
(Give kind of work life, even if retired)	OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (	County & State, or foreig	gn country)   12. CIT	IZEN OF WHAT C	OUNTRY
. / / /	FINS	HEVEN	ER AVIA	10 11 17	7,50	
ed WIF	4113	14. MOTHER'S MAIL		OMM	415/1	
		2 1				
TNOWN			ONN			
U.S. ARMED FORCES? 16. SOC	IAL SECURITY NO. 17. I	NFORMANT		Address 420A	HISONIT	URO
100	-01-50651	MRS IREN	E WISE	WASH 23	3 DC	
'H [Enter only one cause per line f		1110 -11-14		117.07	I INTERVAL BET	WEEN
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INDERLYING 206. DESCRIB	HOW INJURY OCCURED	(Enter pature of initial	y in Pert I or Pert II of its	am 18.)	1123	10 L
AUSE OF DEATH	THO W INJURY OCCURED	, (Emer neture of Injury	y in rem I or Pen d or In	ant is.)		
ICAL EXAMINER)						
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While at work	Not While facts	ary, sheet, office bldg.	, 610.1)	, /		
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(I) (this hospital) attended			2 45AM		2.2 that (1) (	
alive on	19.6.2 and that	death occured a	F. J. T. O. The	causes and on t		
. 1	1/1.	ATTENDING	MED. S'	TAFF	5 /22b.	SIGNE
un x to	unchen M	.D. PHYS.	DIRECTOR P	HYS.	4/20	0/6
		22d. ADDRESS	7200 Marlbo		S.E/	/
r. K L Minchin.,	M.D.		Washington	28 ., D.C	•	
23b. DATE THEREOF # 1.23	. NAME OF CEMETERY	OR_CREMATORY		N (City, town or county		ate)
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MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE

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Division of STATIS	TICAL RESEAR	CH AND RECORDS,	301 W. PRESTON	STREET,	BALTIMORE	1, MARYLAN
02329	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF I	DEATH	02311

IEALTH DEPT	•	Place of DEATH  COUNTY  Prince George's  MERVLEND  2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission)  b. COUNTY Grandville
H H	A	b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits.)
d of it		Mitchell ville Transient Creedmoor 70 X-3
oar oar	7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
dela nera ed 1 ed 1	1	1 Mile off Enterprise Road Box 64
e fur Sta Sta death	1	R. NAME OF First Middla Last 4. DATE Month Day Year DECEASED OF
The re the	3	(Type or print) KKWM Lounza (Lorenzo) Yarbough February 21 19 62
d 3 d 3 d 3 d 3 d 3 d 4 k with with s af		5. SEX  BOOK RACE 7. MARRIED 8. DATE OF BIRTH  9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. last birthday)  Months Days Hours Min.
S m 2	-	Male   Maxxxx   WIDOWED   DIVORCED   May 2, 1916   45 yrs.
1,2 1,2 and and 72		done during most of working life, even if retired)
hour S. Pas 1	-	Laborer Construction North Caroline U.S.A.
T T P A S T	)	James Yarbough Louise Lawrence
Fig Eig	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? LA SOCIAL SECURITY NO. 17. INFORMANT CARAGOS Cabins Box 272A
The form		(Yes, no, or unkown) (If yes give wer or detes of service) Yes? Hortense Yarbough Jessup Md.
Item Will Per Per I an	-	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
long long ansiti and in		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage and shock
be a sence a s		12 3 DUE TO
ould in p Offii buri		Conditions, if eny, which Crushing injuries to the body- multiple- severe
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ficat mine ed a ed a		cause lest. (c)
d "p d "p Exa e us atior	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY OF CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
wor wor ical id b		YES NO LATERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)
Med Med should should al,		PRIMARYO of CONTRIBUTING Run over by a bull dozer
INE		THE OVEL DIVINE DULL WORKER
Pag of	5	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Siete)  10.4 27. 2/21 19 62el work at work Constuction area Mitchell ville P G M
Cate, to the OR:	9	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
		death resulted from: Natural causes . Accident x, Suicide . Homicide . Undetermined manner
S D M W		CHIEF MEDICAL EXAMINER
MED the forwar forwar L DIR		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
RAI igna		DEPUTY MEDICAL EXAMINER \$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
DA Sep	4	NAME (Type) / James L. Boyd. Address (Street, city, town, or county)
DEPUTY M lease execute should be fo FUNERAL r its designate	1	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stefa)
5 g 4 5 g	1	BURIAL 2-25-62 POKES CHAPEL CEM.   CREEDMOR, N.C.  23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR'S SIGNATURE
VS. AISME		Crownes Fill of
SM 9/60	اِ	CHARLES G. COOPER-512 CARROLLTON AV.

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